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THE UNIVERSITY OF ALBERTA

A STUDY OF COUNSELING SERVICES
AVAILABLE TO DEAF ADULTS IN ALBERTA

by

R. GORDON GALUSHA

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
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IN
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled A STUDY OF COUNSELING SERVICES AVAILABLE TO DEAF ADULTS IN ALBERTA submitted by R. GORDON GALUSHA in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in SPECIAL EDUCATION (HEARING IMPAIRED).

M. Rodda

Supervisor

Peter Calder

Date: Sept. 12, 1989

ABSTACT

The purpose of this study to ascertain the extent and makeup of counseling services available to deaf adults in Alberta. Some specific aims of the investigation were to: 1) investigate the types of counseling services available through public and private agencies, 2) determine the makeup of these services (types of counseling provided, staff skilled in sign language, etc.), 3) determine whether the nature of these services was typically "advice", "guidance" or "counseling", and 4) compile a directory of counseling services available to deaf adults living in Alberta.

Based on the results of the research, it was confirmed that deaf adults in Alberta do have access to agencies which supply counseling services. However, it was also determined that the overall "adequacy of services" was lacking, particularly in the case of mental health and community support agencies. It was further determined that postsecondary educational/training facilities mainly utilize "advice", career/vocational/employment agencies utilize "guidance", and mental health/community support agencies use "counseling" as their main approach to dealing with deaf adults. The survey yielded a total of 38 agencies that reported that they were willing to provide counseling services to deaf adults. The names and descriptions of these services were compiled into a directory.

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CHAPTER 1

Introduction

Psychologists and other professionals have been working for years to advance our understanding of the impact of deafness on human beings and to develop programs and techniques for assisting deaf persons to adjust to their unique disability. Perhaps because deafness is not only a complicated but also a relatively "invisible" handicap, the implications have often been overlooked (Levine, 1981). This neglect has been no more apparent than in the area of providing counseling services to the deaf (Harris, 1981; Schein, 1980). In spite of marked improvements over the past few decades (Stewart, 1981), counseling services for deaf adults continue to be sadly lacking (Harris, 1981). Vernon's (1971) summation of the situation made almost 20 years ago -- "improved, yet primitive" (p. 30) -- continues to provide us with the best description of the general status of counseling the deaf, even today.

The incidence of hearing impairment has historically been underestimated (Rodda & Grove, 1987). It is therefore often surprising to people when they find that hearing impairment is the single most prevalent chronic physical disability in the world today (Shaul, 1981). "In the United States alone, there are an estimated 13.5 million adults (6.6% of the population) who have some degree of hearing impairment, of whom about 400,000 become deaf before the age of 19 years and 200,000 before the age of 3 years" (Rodda & Grove, p. 4, 1987).

Surveys administered by Clarke (1975), Karchmer et al. (1981), and Rodda and Carver (1983) suggest that proportions in Canada are most likely similar to those found in the United States. The Canadian Health and Disability Survey in 1984 estimated the total population of those with a significant hearing loss in Canada to be 634,000 (Statistics Canada, 1983-84). Using the proportions determined in a 1974 census in the United States (Schein & Delk, 1974), Carver (1984) concluded: "These figures, if extrapolated to Alberta, would translate into at least 160,000 hearing impaired Albertans and, of this number ... 20,000 would be deaf" (Carver, 1984, p. 1). Although these numbers do not carry nearly the same weight as those reported in the United States, the size of the population is significant enough to suggest that this special group should be more prominantly recognized, and as such, should be afforded access to counseling services which are adequate to deal with their unique needs.

Mental Health Characteristics of the Deaf

Articles and books on the mental health characteristics of the deaf can be found in sufficient quantities to give us a fairly consistent picture of the problems faced by many deaf people (eg. Rainer et al., 1963; Mindel & Vernon, 1971; Schlesinger & Meadow, 1972; Schein, 1980). Although the focus of much of this research has been on children and adolescents, Rainer et al. (1963) note that many of the conclusions can be applied with equal accuracy to older deaf persons. This is largely due to the fact that many of the emotional problems of deaf adults are rooted in unresolved problems faced in childhood, particularily in "responses of their families to them as children" (Harris, 1981, p. 220). It is therefore not unusual to find deaf adults exhibiting problems similar to those displayed by deaf children and adolescents. Appropriate provision of counseling services in relation to service delivery, therapy techniques and prevention, are thus dependent on a clear understanding of the entire life cycle of the deaf individual being served (Rainer, Altshuler and Kallmann, 1969). Consequently, although this discussion focuses on deaf adults, it would prove valuable to consider research findings not only for deaf adults but for younger deaf individuals as well.

In 1972, Schlesinger and Meadow noted that, "Psychologically, the most frequently stated conclusion about deaf individuals is that they seem to reflect a high degree of 'emotional immaturity'" (p. 1). Given research findings over the years, this description seems warranted. In 1956, Levine studied adolescent deaf girls using psychological tests (the Wechsler Adult Intelligence Scale and the Rorschach Inkblot Test). Subsequently, she described the deaf teen-agers in her sample as egocentric, irritable, impulsive, suggestible and that generally, controls were external in nature. Myklebust (1960) found deaf persons to be immature in caring for others. Goetziner et al. (1966) reported that deaf adolescent subjects were more aggressive, less cooperative and less emotionally mature than hearing adolescents. Schlesinger and Meadow (1972) supported Levine's (1956) conclusions. They reported on deaf patients whose lives were filled with "unbridled impulsivity". The researchers also described meeting children grown to adulthood, bitter about their parents. "They derided and despaired for the parental insistence on being normal (represented by normal speech); the universal pressure to get them to belong to the "hearing world"; the false hopes and the frequent failures, and the pressure to adjust rather than to grow" (p. 8).

Moores (1982, pp. 165-170) and others (Meadow, 1980; Levine, 1981) forcefully warn us not to be too caught up with the overwhelming "evidence" presented in research findings and especially not to conclude that there is a "single deaf personality type". There is merit in their warning, particularly when we consider the difficulties associated with accurate testing of the deaf (Levine, 1960; Moores, 1982). Nevertheless, we cannot blithely ignore the general consistency of research findings in relation to the existence of socio-emotional and psychological problems. The magnitude of the problem is even more evident when we look at research comparing the incidence of emotional and behavioral problems between general and deaf populations.

After surveying the general population, The Joint Commission on the Mental Health of Children (1970), estimated that in the United States 2 percent of young people under 25 years of age are severely disturbed. The report suggested that an additional 8 to 10 percent are in need of mental health workers. A comparison with studies involving deaf children yields some interesting conclusions.

Vernon (1969) and Schlesinger and Meadow (1972) conducted research at state residential schools for the deaf. Vernon found that of the 358 deaf children included in his study, 20.7% were considered by teachers and 22.5% by psychological test evaluations, to demonstrate poor psychological adjustment. In the Schlesinger and Meadow (1972) study, 11.6% were considered to be severely disturbed and in need of psychiatric treatment. "An additional 19.6% were considered to have behavioral problems leading to disproportionate demands on teachers' and counselors' time" (Meadow, 1981, p. 12). Compared to a previous Los Angeles study of the general population using the same format, Schlesinger and Meadow's research showed prevalence rates for the deaf to be 3 to 5 times higher than the average.

Findings in Canada have been no less startling. Freeman, Malkin, and Hastings (1975) in Vancouver, Canada had parents and teachers complete a behavioral rating scale used to report psychiatric disorders. Freeman et al. (1975) reported that 22.6% of the Vancouver deaf children were judged to have a psychiatric disorder of moderate or severe degree.

Commenting on some of the aforementioned research with deaf children, Schein (1980) concluded:

> "Do we have evidence to justify concern about the mental health of deaf school children? If we are to believe the current information about emotional disturbance amongst deaf school children in the United States, we must conclude that the answer is yes, that this disorder has grown to epidemic proportions (p. 3).

Although there is no way of knowing whether discrepancies in percentages "were a function of differences in the children assigned to the various professional groups for classification, or whether they reflect differences in definitions of problem behavior" (Meadow, 1981, p. 10), the fact remains that the "differences between deaf and general-population children are substantial" (Schein, 1980, p.5).

One would expect excessive traits of emotional and behavioral disturbance reported in children and adolescents to have significant spillover into the adult population. At first glance, however, this does not appear to be the case. Montgomery (1979) reported that deaf adults appear to suffer psychiatric illness at close to the same rate as the general population. Schein (1980), however, notes that we should bear in mind that authorities also highlight "frequent personological and characterological problems in the deaf population" (p. 5). Rainer, Altshuler, and Kallmann (1969), for example, suggested that deaf adults display more "problems of living" than their hearing counterparts. In 1966, Rainer and Altshuler described symptoms which they typically found in adults who were deaf psychiatric patients. They noted that the deaf displayed:

> a lack of understanding and regard for the feelings of others (empathy), coupled with limited awareness of the impact of

> their own behavior on others, an egocentric view of the world, and gross coercive demands to have their needs and wishes satisfied; a reaction to frustrations, tensions or anxiety typified by a kind of primitive riddance through action, rather than through internal conflicts with self-imposed controls and constraints (p. 18).

Schein (1980) suggests that it may simply be that, "Short of psychosis, deaf persons' psychological problems go unattended" (p. 6). In effect, the problem in reconciling the discrepancy between figures for school-age children and adults may be a result of the under-reporting of adults problems, due mainly to difficulties they have in obtaining appropriate psychological services for problems requiring anything less than hospitalization. What we may be seeing is the reporting of only the serious cases, the tip of the iceberg. Those with less serious but no less important disturbances, may simply be suffering in silence.

Recognition of high levels of behavioral disturbance in deaf children is not only a first step in the provision of mental health services to treat the problems, it is also "a first step in the prevention of future problems" (Meadow, 1981, p. 20). In the case of deaf adults, provision of better services may be a means for providing much needed treatment, as well as providing a method of uncovering large numbers of deaf adults with psychological problems not serious enough to have forced them into psychiatric treatment centres.

Educational Achievement

The educational abilities of deaf children and adults have been measured and reported by many researchers over the years (eg. Furth, 1966; Trybus and Karchmer, 1977; Quigley & Paul, 1984). The information provided by such literature is often invaluable in providing counselors with assistance in diagnosing and resolving social-emotional problems, as well as in providing guidelines for expectations of success in placement for further education and job training pursuant to a choice of vocation.

Researchers are united in their conclusion that deaf individuals generally are educationally disadvantaged. In 1972 the Office of Demographic Studies published achievement data based on test scores of 16,908 deaf students (Gentile, 1972). Some alarming patterns of difficulty were displayed. For example, the achievement in spelling and arithmetic computation for deaf students who were about 17 years of age was reported to be close to the sixth grade level. Even more disturbing, the average 17-year old deaf person displayed the reading skills of an average hearing fourth grader. Fewer that 10 percent were found to read at or beyond the seventh grade level.

More recent studies (eg. Allen & Karchmer, 1981; Allen & Osborn, 1984) continue to support the findings. Allen (1986), in a comparison of norming projects carried out by the Center for Assessment and Demographic Studies at Gallaudet University, looked closely at whether the achievement levels of students had changed over the years 1972-1983. While the author reported some gains, they were minimal. He noted that there was an apparent leveling off in reading comprehension at grade three level and in mathematics at sixth to seventh grade, and that scores for the hearing impaired continued to lag behind that of their hearing counterparts (p. 164). Quigley and Paul (1984) suggest that very few adults ever achieve reading skills beyond grade four level. This is roughly at newspaper reading literacy level. Bolton (1976) notes that, "A liberal estimate of the proportion of deaf persons who ever attain a median achievement level of twelfth grade would be 1%" (p. 3). The simple fact is that while a seventeen-year-old student generally can be expected to achieve roughly a grade twelve level in educational achievement, deaf students at age seventeen are on the average six to eight years below their potential (Gentile, 1971). Moores states that such achievement levels are "a shameful indictment of our educational programs" (1982, p. 297).

In spite of the foregoing information concerning the educational deficits of deaf people, research with hearing impaired adolescents has documented that "no basic malfunctions are present in the cognitive abilities of that population and that any inferiorities in cognitive performance may be accounted for by experiential and linguistic deficits and communication handicaps" (Martin, 1984, p. 235). In other words, "As a group, deaf people function within the normal range of intelligence and deaf individuals exhibit the same wide variability as the hearing population" (Moores, 1982, p. 162). Unfortunately, such factors are seldom taken into consideration in our society where the yardstick for advancement into post-secondary education centres is academic prowess, particularly in English.

In recent years, the major development in post-secondary education of the deaf has been the establishment of programs for deaf students within existing facilities for students with normal hearing (Moores, 1982, p. 309). As a result of poor educational achievement and the relatively high academic entrance standards at most post-secondary institutions, few deaf adults ever gain entry to university (Schein & Delk, 1974). As a consequence of such conditions, the potential of deaf adults for high-level employment is considerably reduced (Moores, 1982). Vernon (1981) states that the real "educational vacuum is in the lack of facilities to serve post-school-age deaf people whose educational achievement is below fifth grade" (p. 217). This constitutes one-half or more of the deaf population (Vernon, 1975). Thus, the "need for more and better education for deaf persons is urgent if they are to compete in today and tomorrow's job market" (Vernon, 1981, p. 217). Counseling, sign language or oral interpreting, and note-taking are a few of the services which are absolutely necessary if deaf adults are to achieve the higher level of education many want and require, if they are to succeed.

Vocational Aspects

In terms of hours spent during a day, work is quantitatively a person's primary activity in life (Vernon, 1981). Work, for most people, can be a rewarding and fulfilling part of their lives. Unfortunately for many of the deaf, however, continued social-emotional, psychological, and educational problems which they may face, often have marked detrimental consequences on their future vocational prospects and subsequently on their status in the society in which they live. Commenting on this, Shiels (1986) notes:

> "Although exceptions abound, the implications of growing up deaf and thus communicatively isolated ... have significant effects on the process of vocational development. The deaf client typically has less work experience and occupational knowledge/awareness than normal hearing age peers. Expressed vocational goals, if any, often lack an experiential base and evidence of any realistic appraisal of self-skills/limitations and how to relate to preparation, training, and skill requirements of actual jobs (p. 102).

Rodda and Grove (1987) contend that "to be deaf is to place one at considerable risk of being socially and economically disadvantaged. The socio-economic disadvantage of deafness begins with school placement and continues into adult life" (p. 84).

In terms of vocation, the bottom line is that deaf people tend to be both unemployed and underemployed (Sussman & Stewart, 1971). Carver (1984) tells us that this places the deaf in an "economic ghetto" (p. 3). The clearest measure of this is in terms of personal income. Schein & Delk (1974) note that in 1971, prevocationally deaf workers earned only 72% of the average income of the general population. They also concluded that deaf workers were educationally overqualified for most of the jobs they held. Deaf workers also tend to be relegated to the more mundane uninteresting types of jobs (Schein & Delk, 1975, pp. 73-98).

The primary consideration is, of course, the high unemployment level among the deaf (Vernon, 1981). Unfortunately, prospects for the future do not look very bright. Schein and Delk (1974) point out the vulnerability of deaf people to shifts in the economy resulting from technological advances. For example, they are disproportionately represented in clerical and service occupations where the replacement of people by automation is most likely to occur. The anticipated areas of most growth, service-producing industries demanding technical and professional workers (Vernon, 1981, p. 215) are areas which are notably under-represented by deaf people (Schein & Delk, 1975, p. 95). The same is true for clerical and sales work (Schein & Delk, 1975). Manufacturing, the type of work over half of the deaf working population is involved in, is diminishing, as are most jobs involving semi-skilled labour (Schein & Delk, 1975).

Vernon (1981) contends that given the projected state of the economy in the United States and the vulnerability of the deaf, "there is a high probability of at least a 20 percent unemployment rate among deaf people" (p. 218). Rodda and Carver (1983), in a survey of the Alberta deaf population, found that deaf Albertans have already arrived at Vernon's (1981) "worst scenerio" projections on unemployment. This is particularly critical, since as Vernon (1981) contends, high unemployment only serves to exacerbate the already serious difficulties that deaf adults face as they increasingly develop "psychological and sociologic problems" such as alcoholism, drug abuse, and crime that characterize the unemployed (p. 218). Throughout all of this, the need for counseling is paramount. Vernon (1981) concludes that, "Only through the support of job training programs, vocational rehabilitation, affirmative action, continuing post-secondary education and career guidance geared to the needs of deaf people can the deaf population hope to hold its own in the world of work" (p. 218).

Purpose of the Study

It has been amply demonstrated that there is a serious need for counseling services for deaf adults. While it is evident from literature that great strides have been made in certain areas (Stewart, 1981), it is unclear what counseling services are available for deaf people in Canada and, particularly in the province of Alberta. The objectives of this investigation were:

1. to determine the extent and make-up of counseling services provided by public and private agencies to deaf adults in Alberta,
2. to determine whether services (counseling procedures) provided may be described as "advice", "guidance" or "counseling" in nature (based on definitions given by Denmark et al., 1979),
3. to elicite suggestions for improving the present services available to deaf adults, and
4. to compile a "directory" listing agencies willing to provide counseling services to deaf adults living in Alberta.

Definition of Terms

The following section provides definitions of the terminology used in this study.

Hearing Impairment

Hearing impairment is a generic term indicating an average hearing loss for pure tones in the speech frequencies of 500 Hertz, 1000 Hertz, and 2000 Hertz. It ranges in severity from mild (25 dB) to profound (91 dB and greater). It includes the subsets of "deaf" and "hard-of-hearing".

Deaf

People usually are considered to be deaf if they have hearing losses in the severe range (71 dB) or above (Rodda & Grove, 1987, p. 8). However, since this survey was directed at individuals who were unlikely to be fully conversant with technical definitions, a "layman's" definition was adopted. Therefore, "deaf", within the context of this survey, refers to "a condition whereby the person has a hearing impairment and is unable to communicate through the use of speech". Those who are deaf may depend on written communication and/or some form of sign language or gestures to communicate.

Adult

The term adult, as used in this study, refers to those individuals who are 18 years of age or older, and who no longer attend public school.

Counseling

"Counseling is a process whereby the person counseled is helped, gradually, to understand a problem and what it means - for himself, for his family, and for others. It is simultaneously the art and skill of listening to people, and allowing them to express themselves in order that they might see their own problems more clearly" (Denmark et al., 1979, p. 57).

Guidance

"Guidance is a process whereby the person is given a number of options and through discussion comes to decide on certain modes of action" (Denmark et al., 1979, p. 57).

Advice

"Advice is a process whereby the person is given a directive form of help" (Denmark, et al., 1979, p. 57).

Telecommunication Device for the Deaf (TDD)

Telecommunication devices for the deaf (TDD's) include any devices such as a teletypwriter (TTY) or visual ear that allows the deaf access to the public telephone network. It enables them to type and read messages transmitted over the telephone line rather than to speak and hear in the usual manner (Minister of Supply and Services Canada in Obstacles, 1985).

Overview Of The Study

In this chapter we have examined the incidence of deafness, the prevalance of problems characteristic to the deaf in mental health, educational, and vocational areas, and the magnitude of these problems in relation to the general population. Definitions of terms were also included.

In Chapter 2, literature relating to the historical development of counseling is reviewed. The state-of-the-art in mental health, educational, and vocational settings is discussed. Although data is limited, the Canadian scene as it relates to counseling services to the deaf is also reviewed. The chapter concludes with a discussion of the special skills and other requirements necessary to be an effective counselor of the deaf.

In Chapter 3, a description of the survey sample, the instruments used, and the procedures for collection of data are outlined. Assumptions of the study are also included.

In Chapter 4, the analysis and results of the data are presented.

In Chapter 5, conclusions are made based on the results of the study. Implications for the various types of agencies, counselors working with the deaf, and the provincial and federal government are given. Limitations of the study and suggestions for further research are also presented.

CHAPTER 2

Review of Literature

In the field of counseling deaf adults, the contemporary scene offers "a strong contrast to time periods as recently as the 1960's, when the deaf client had to look far and wide to find a counselor capable of offering professional assistance in a form of communication readily understandable to the client" (Stewart, 1981, p. 133). Today in the United States and Canada, counseling services may be found in a variety of settings including rehabilitation centers, vocational training centers, postsecondary education programs, community and service centers and inpatient and outpatient mental health centers. In spite of improvements, there are still major problems which are evident. For example, Stewart (1981) reminds us that, "There has been no major publication dealing with counseling the deaf since 1971 (Sussman & Stewart, 1971)... and there are few articles or other publications dealing with methods of counseling with the deaf" (p. 134). In addition, even though the state-of-the-art has advanced in areas such as medicine, psychiatry and psychology, "we continue to see too many instances where deaf individuals in education, rehabilitation, and mental treatment centers do not benefit fully from these advances" (Stewart, 1986, p. v). As a result of these and other problems, many deaf adults continue to have few opportunities to obtain a full range of counseling services (Harris, 1981; Stewart, 1981). In light of the fact that these services continue to be in a stage of evolution and that they often vary dramatically from location to location, it would be beneficial to our discussion to look briefly at how these services have unfolded from the past to more recent times. Discussion will center first around services in the United States, followed by a review of literature pertinent to Canada, and then specifically Alberta.

Some Basic Considerations

Before considering literature relating to the evolution of counseling the deaf, two factors should be highlighted. First, it is apparent that over the years there has been considerable disagreement among professionals as to a widely accepted definition for the term "counseling". Auvenshire and Noffsinger (1984) for example, note that Hopke (1968) found approximately 60 definitions for the term, virtually one for every author. This problem is a reminder of the relatively recent (and rapid) development of the field of counseling, from its inception in the areas of vocational and educational guidance to its more recent involvement in the 1970's and 1980's within the field of mental health (Hansen et al., 1986).

Agreement has often been influenced by the difficulty individuals have in reconciling the relationship between the processes of "advice", "guidance" and "actual counseling". Part of the confusion between these activities is related to the fact that in layman's language, the word "counsel" generally refers to the giving of advice. In this sense, its construct is rather loose and nebulous. As well, in actual practice, the three procedures have a tendency to merge, sometimes by almost imperceptible degrees. It is therefore not always easy to ascertain when a person is using one method or another, or for that matter when he has crossed the boundaries between the approaches. Patterson and Stewart (1971), however, suggest that it is important for professionals to be more exacting in their understanding. One useful approach, they note, is to look at counseling by designating "what it is not":

> Counseling is not the giving of information, though information may sometimes be given in counseling. Nor is the giving of advice, suggestions, and recommendations counseling. ... Counseling is not influencing attitudes, beliefs, or behavior by means of persuading, leading, or convincing, no matter how indirectly, subtly, or painlessly (pp. 43-44).

Blackman (1977) reports that most experts today agree that counseling is more concerned with a voluntary change in the individual. The counselor is simply "a skilled helper who provides conditions to facilitate problem resolution and behavior change" (Blackman, 1977, p. 7). The counselor assists the person in understanding his situation, thereby allowing him to solve his own problem(s) (Denmark et al. 1979). Guidance, on the other hand, involves giving the person specific options or information from which to choose a course of action (Denmark et al., 1979). Advice is a more directive form of assistance wherein the helper actually recommends a course of action. Each has its place and, at least for professionals, should not be confused.

Commenting on this confusion as it relates to the field of deafness, Denmark et al. (1979) and Vernon (1971) strongly support the idea that those working with the deaf should make a clearer delineation between advice, guidance and actual counseling. Rodda and Grove (1987) note that it is unfortunate that the literature of deafness often refers loosely to counseling and guidance as if they were synonymous. Commenting further, the authors state, "They are not, and it is important to distinguish them from each other, and from the advisory functions that are part of the responsibility of all professionals" (Rodda & Grove, 1987, p. 308). Based on the foregoing conclusions, the present discussion will attempt to differentiate between the three activities in hopes of better understanding how services have evolved to the present day.

A second point to bear in mind in our discussion is that, historically, most services for the deaf have been closely tied to the development of the two major methods used in educating the deaf -- oralism and manualism. Proponents of oral methods of education have contended that the optimum method of teaching the deaf to function in "a hearing world" should be via the channels of amplified sound, speech, and lipreading. In contrast, supporters of manual communication prefer the use of sign language. Rodda and Grove (1987) remind us, however, that advocates of manual communication most often do not reject the basic goals of oralism, only the overwhelming emphasis on speech and lipreading, and on the cognitive and social restrictions which may result. For this reason, manualists today generally refer to their methodology as the "combined method" or "total communication".

Historical Developments in the U.S.A. to the 1970's

Historically, the 1880 International Convention in Milan, is seen by many as a turning point, not only in the education of the deaf, but also in society's attitude towards serving the needs of deaf people (Moores, 1982). This conference, which purportedly included the leading world experts in the area of deafness, determined that the oral approach was "superior" to all other methodologies and as such should be the only accepted manner of educating the deaf. Insofar as services to the deaf were concerned, this decision had profound effects which have reached as far as the present day.

Mindel and Vernon (1971) report that shortly after the conference, the oralist supporters appear to have mounted an onslaught of "propoganda proportions" against manualism. This resulted in an ongoing effort to relegate the use of sign language to a choice of last resort. As a result, schools in the United States gradually accepted the oral method as their first choice in educating deaf children and adults. Only a few schools, commonly residential settings, supported the use of sign language as part of the educational methodology (Moores, 1982). Those children who attended manual schools were tagged as students unable to make it in the more preferred and supposedly more "normal" oral settings (Mindel & Vernon, 1971). This stance had a marked effect on the the way counseling services evolved.

Rodda and Grove (1987) report that over the years, "so-called counseling" has most often taken the form of advice to parents as to which educational methodology they should follow for their deaf children. Hearing and speech lessons were (and sometimes still are) offered as the major solutions to parents' problems in coping with deafness (Mindel and Vernon, 1971). Parents were taught that early exposure to sign language would be inhibiting to acquisition of English and speech. Citing Luterman (1979) and Cumming (1982), Rodda and Grove (1987) contend that, historically, parental advice leading to the support of oralist conventions could justifiably be looked upon as being synonymous with "parental manipulation". Even as late as the early 1970's, Vernon (1971) notes that public schools (commonly oralist), with few exceptions, offered deaf youth "nothing that could euphemistically be termed professional counseling" (p. 31). Relating this to the training that professionals were receiving, Vernon stated:

> The only training available is semiprofessional at best. It generally consists of indoctrinating teachers, speech therapists, audiologists, etc., to convince parents to use and support an "oral only" treatment of deafness which, though well intended, includes so much frustration and failure that it is in actuality often anti-therapeutic (Vernon, 1971, p. 31).

More formal guidance and counseling of deaf adolescents and adults does not appear to have begun until around the 1950's (Stewart, 1986; Bolton, 1976). Assistance to deaf youth was primarily in the form of "guidance" directed at choosing future careers and funneling students into vocational training. Ultimately, however, deaf young adults appear to have had little say in choosing the career in which they were trained. They were commonly "guided" into limited areas such as printing, wood-working, garment manufacture and shoe-making. Vernon (1971) notes that although residential schools often had a counselor and a psychologist and/or psychometrist on staff, the primary duties of these individuals usually involved "intake, or administration, not actual personal or group counseling" (p. 32). In spite of these hesitant beginnings, however, it appears that it was manually oriented residential settings which provided the catalyst to the beginnings of more sophisticated counseling services to the deaf.

In terms of adults, assistance in the U.S.A. appears to have begun in the early 1950's under the auspices of vocational rehabilitation programs. Vernon (1971) reports that for many years the persons giving rehabilitative counseling services had "no training as counselors and little, if any, experience with deafness" (p. 33). As a result, it was bright deaf individuals who succeeded in getting financial support for advanced training. Others, who had not learned a trade in a residential school were most often relegated to assembly lines and other such menial tasks. Workers in the area of vocational rehabilitation slowly improved and eventually became what Altshuler and Abdullah (1981) refer to as "champions of the deaf". As financial support grew, rehabilitation centers specifically catering to the deaf began to spring up in areas where there were major concentrations of deaf people (eg. Hot Springs Rehabilitation Center in Arkansas, and St. Paul Rehabilitation Center in Minnesota).

In 1971, Vernon reported that the educational level and professional competence of vocational counselors was on the rise. However, the author also noted that the majority of deaf clients continued to be seen by general counselors who were unlikely to have any knowledge or experience with deafness. He stated that "only one-third of the 132 counselors (18 percent of whom are themselves deaf or hard of hearing) specializing in deaf clients are good in manual communication" (p. 35). He added that this was problematic since deaf people, especially those who were educationally at a fifth-grade level or below, were notoriously hesitant to seek the help they needed if they had to face massive red tape and interaction with people who could not sign. Vernon notes that "In sum, the overall picture of counseling in the Division of Vocational Rehabilitation is that primitive rudimentary service is available to some degree for almost any deaf person seeking it. True rehabilitation counseling, however, is rare " (p. 36).

In addition to the problems already noted, Bolton (1976) reported on two other conditions which were prevalent. First, he remarked that workers in the early 1970's appeared to be more involved with job placement or career guidance, not actual counseling. As well, even though services existed in some areas, it was often the case that deaf clients were unaware of their existence. In spite of these and other problems, however, the growth of vocationally oriented counseling made some great strides through the 1960's and 1970's as counselors became increasingly adept at servicing the vocational needs of the deaf.

The development of counseling in the vocational rehabilitation area had, without doubt, significant effects on the growth of post-secondary and vocational training facilities for the deaf and subsequent counseling services which arose within these programs. Historically, Rawlings and King (1986) report that, "Although the availability of postsecondary training opportunities increased among the hearing population during the first half of the twentieth century, educational opportunities for deaf high school graduates did not expand accordingly" (p. 231). As late as 1964, Gallaudet College in Washington, D.C. (established in 1864) remained the only postsecondary program in the world specifically developed for the deaf (Moores, 1982). Although Gallaudet tripled its enrollment between 1900 and 1960, Schein and Bushnaq (1986) report that this was negligible when compared to the 16-fold increase shown by regular postsecondary institutions. For those deaf students seeking advanced training but not interested in or unable to travel to Gallaudet, there were few alternatives. Literature suggests that the lack of educational services offered to the deaf in hearing institutions made it virtually impossible for them to attain higher education (Crammatte, 1968; Quigley, Jenne, and Phillips, 1968). The results are sobering. Bigman (1968) reports that in 1955, a survey of more than 1800 colleges and universities in the USA, found only 65 deaf students were enrolled in programs catering to the hearing. Quigley, Jenne and Phillips (1968) found that over a 50 year period (1910-1965) only a total of 113 individuals classified as deaf had attended institutions of higher learning.

The 1960's saw greater concern for minority groups and subsequently legislation which benefited the deaf in the area of higher education (Rawlings & King, 1986). Not only was the National Technical Institute for the Deaf established (a program offering technical training to deaf people), but also federally funded regional programs to serve the deaf were started (eg. California State University at Northridge). In terms of counseling in these settings, however, the quality and quantity of services varied greatly from program to program. According to Vernon (1971), even Gallaudet had its own problems when a newly established counseling center, "plagued by many problems and possibly naivete about deafness, was subsequently abandoned" (p. 33). One of the main reasons for the failure was that some psychologists did not communicate adequately with deaf students, thinking that sign language was not essential. This same attitude was evident throughout the United States. Levine (1974), in a national survey of psychologists serving deaf students, reported that out of 172 respondents serving a combined clientele in 48 states, less than 20 were able to communicate effectively in sign language. Eighty-three percent had no special preparation to work with the hearing impaired.

Vernon (1971) reports that eventually, counseling services were reinstated at Gallaudet, as well as at The National Technical Institute for the Deaf, where academic, personal and vocational counseling services were established. In other areas of the country, however, the rapid proliferation of postsecondary programs attempting to serve the deaf, as well as the absence of standards, guidelines, and established procedures, resulted in counseling services continuing to vary widely in extent and quality. In 1971, Vernon noted that, "The deaf person who goes to a regular college, high school, or vocational training facility for the hearing is likely to receive no counseling at all" (p. 33). Aside from a few locations, the deaf adult simply could not get the assistance he needed.

Just as counseling in educational settings lagged behind services in vocational rehabilitation settings, so too did services in the area of mental health. Altshuler (1977) reports that in terms of mental health, psychiatrists were little interested in the problems of deafness before the 1950's. Even then, the major impetus for development was that "vocational rehabilitation personnel -- traditional champions of the deaf -- had become increasingly confounded: many of the deaf clients were educated according ~~to~~ the standards of the day but posed difficult behavior problems for which there was no place to turn" (Altshuler & Abdullah, 1981, p. 99).

The first comprehensive mental health project for the deaf began in 1955 at the New York Psychiatric Institute (Rainer et al., 1963). The initial goal of the project (1955-1962) was to survey all of the deaf psychiatric patients in New York's 21 state mental hospitals. Final figures represented a frequency about three times as great as for the hearing. Altshuler and Abdullah (1981) noted the apparent reasons for this situation:

> ...on the one hand, psychiatrists confronted with mute persons gesticulating wildly were more liable to make mistaken diagnoses than with hearing patients...On the other hand, diagnosed or misdiagnosed, the deaf patients continued to have a communication barrier that made their participation in treatment and the evaluation of their condition almost impossible. The result was that a far greater proportion of deaf patients had remained more than 5, 10, or 20 years on wards for chronic patients (p. 101).

In conjuction with the survey, New York established the country's first mental health outpatient clinic for the deaf. Patients were interviewed and rediagnosed using manual sign language (Rainer et al., 1963). Later, an inpatient service was set up where deaf people could be treated by staff conversant in manual language. Vocational rehabilitation personnel were on the premises to coordinate the clinical activities with the Department of Vocational Rehabilitation (Altshuler & Abdullah, 1981). Between 1966 and 1970, a preventative mental health program at a school for the deaf and a halfway house were added in an effort to help the patients make an easier transition from hospital to community.

Although other states began to follow New York's pioneering lead (eg. Michael Reese Hospital of Chicago, Langley Porter in San Francisco and St. Elizabeth's in Washington, D.C.), progress on a broader scale continued to be slow. In the early 1970's, Vernon (1971) wrote, "Nowhere is the glaring lack of counseling more apparent than in the treatment of deaf persons who suffer from emotional and mental disorders (p. 172). The author noted that while the efforts of New York's program and others were commendable, there was still no national plan. As a result, he concluded, "In most states the deaf mentally ill languish in custodial isolation, unidentified and untreated. Their incarceration, which is what such hospitalization actually is, is often antitherapeutic and more a convenience to society than an effort in treatment and rehabilitation" (Vernon, 1971, p. 36).

With the stimulus of federal funding in the United States, coupled with a greater acceptance of the disabled, "the 1960's and early 1970's witnessed a slow but steady growth in the number of counselors qualified to work with deaf people....and in an expansion of counseling services for deaf people" (Stewart, 1981, p. 133). The enactment of legislation had particularly positive implications. The Vocational Rehabilitation Act of 1973 contained an affirmative action clause ensuring that companies receiving federal contracts employ handicapped individuals. Given the higher acceptability of deaf over other handicaps (Vernon, 1981), this had some marked influence on the availability of jobs and the increased need for rehabilitation programs to prepare the deaf. In the area of education and accompanying services, Public Law 94-142 put post-secondary institutions receiving U.S. federal funds under obligation to provide for the needs of handicapped students, including the deaf (Allen & Osborne, 1984). As a result of such changes in the early and mid-70's, other major developments also began to take place.

A particularly important occurence during this period involved the pioneering work carried out by Stokoe (1960, 1972) in the use and acceptablility of "deaf sign language systems". His work and that of others in subsequent years (Wilbur, 1979), had considerable impact on lending credibility to the use of sign language by counselors and other professionals. Changes in societal attitudes were also an important part of this period. By the mid-1970's, society began to accept, at least in part, the need and the right of deaf people to be able to obtain equal opportunites in vocational pursuits, education and mental health, relative to their hearing counterparts. This included the need to have access to professional counseling and the opportunity to communicate in whatever mode was personally most effective or desireable. Changes during this transitional period have given us the state-of-the-art counseling services we know today.

The State-of-the-Art in the United States

1. Vocational Rehabilitation Settings

In the area of vocational rehabilitation, those states which have state-of-the-art services are expected to have programs "dedicated to the whole client" (Bolton, 1976). Shiels (1986) reports that the process of evaluation must include all "relevant medical, psychological, social, vocational, educational, cultural, and environmental factors" pertinent to the deaf person's well-being (p. 96). A relatively long program of 2 years or more is anticipated for the most underdeveloped clients while others are expected to attain adequate levels of competence in 6 months or less.

Modern programs attempt to recognize the differences between simple work evaluation, vocational testing, and in-depth vocational evaluation (Shiels, 1986). A work evaluation involves "an evaluation of vocational strengths and weaknesses of the handicapped and disadvantaged through the utilization of specific methodologies, mainly the utilization of work, real or simulated" (Hoffman, 1972, p. 189). Vocational testing uses test performance alone as the basis for recommendations. In the case of vocational evaluation, Shiels (1986) states that the procedure is far more comprehensive and in fact, includes the former two procedures in combination with others.

Although there is no set formula for determining how comprehensive in scope a vocational evaluation should be, certain objectives are expected to be part of the plan. Bolton (1976) suggests that any program should include general counseling services to assess knowledge and commitment to the program, personal-social services to ensure adequacy in meeting the needs of independent living, and vocational services for facilitating vocational evaluation, job preparation, and final job placement. Shiels (1986) provides an excellent overview of a comprehensive vocational evaluation process as it might occur within a modern rehabilitation facility. His description covers everything from the need to explain rules and clarify attendance expectations, to work sample evaluation and psychometric testing. Some programs also advocate the need to "prepare" the deaf client prior to assessment. Buchkowski (1983), for example, describes how The St. Paul Technical Vocational Institute carries out a three-month "preparation program" which involves training in personal management, communication skills and various hands-on work experiences.

In spite of admirable efforts by some programs, there is still room for improvement. For instance, there have been no national standards set up and as a result, many of the deaf in some states continue to receive inadequate services. Even where extensive services exist, other problems are prevalent. Bolton (1976) reports that most deaf clients continue to approach rehabilitation counselors mainly for financial aid to pursue higher education and training, not to receive counseling. As well, although there have been great improvements, the fact remains that many deaf people are simply not aware of the assistance which can be afforded them through rehabilitation services. This suggests the need for ongoing education within the deaf community and agencies which serve them.

2. Postsecondary Educational and Training Settings

Recent information suggests that significant improvements have taken place over past years in providing for the postsecondary educational needs of the deaf. Rawlings and King (1986), for example, report that deaf students of the 1980's have a wide range of opportunities open to them, with over 100 special post-secondary programs in the United States offering services to deaf students. "In the fall of 1982 more than 5500 deaf students were enrolled at 102 post-secondary programs for deaf students in the United States" (Rawlings & Kings, 1986, p. 237). As noted earlier, schools for the deaf and vocational rehabilitation programs traditionally guided clients into a narrow spectrum of manual trades (Crammatte, 1968). Rawlings and King (1986) report, however, that this is becoming less and less the case. Over a 10-year period, from 1971-1982, deaf students followed the general population in a shift towards business-related careers. In 1982, "One third of the deaf students with a declared major chose to study for business and office-related careers" (Rawlings & King, 1986, p. 250). The authors reported that 15% were in manufacturing majors, 13% in fine arts and humanities, 11% in public services and 10% in communication and media.

With the proliferation of programs for the deaf catering to the educational needs of the deaf, there has been an equally remarkable expansion of specialized services such as counseling and interpreting. Reporting on a survey done in 1982, Rawlings and King (1986) note that vocational and personal counseling were offered in virtually all (96%) of the programs. Fifty-nine percent of those offering vocational counseling and 59% of those offering personal counseling had counselors skilled in manual communication. The authors also noted that services provided by counselors skilled in manual communication were more likely to be available in larger programs (Rawlings & King, 1986, pp. 246-247).

Although the advances have been significant, major problems are still evident. For instance, although large numbers of deaf students are enrolled at postsecondary programs, "the quality and quantity of special support services provided...varies widely from program to program" (Rawlings & King, 1986, p. 232). The majority of deaf students continue to obtain degrees from only six institutions. As well, stringent "minimum competency" standards continue to keep many hearing impaired students away from educational institutions they might otherwise attend. Bloomquist (1986) reports that "As late as 1979 little attention had been paid to the concept of minimum competencies for special education students...and only one state -- Florida -- has developed and validated a separate test for its hearing impaired students" (p. 210). Although improvements continue to be made, the Supreme Court of the Unites States has as yet, not addressed students' due process rights in connection with competency testing. As a result the procedural requirements and rights of deaf individuals remain unclear (McCarthy, 1983). Until this and other problems are addressed, deaf students in the United States will continue to have problems not only in gaining admission to postsecondary institutions, but also in obtaining the counseling and other services they so badly require.

3. Mental Health Services

Moores (1982) reports that major advances have been made in research and the provision of services to the deaf in the field of mental health. He and others (Altshuler & Abdullah, 1981) reiterate the ongoing role played in New York to establish a comprehensive mental health program. The program continues to include inpatient and outpatient services, a half-way house to facilitate re-integration into the community and coordination of services with state vocational rehabilitation agencies. Altshuler and Abdullah (1981) report on the success of the program noting that "the deafness unit has been able, since its inception, to reduce the number of deaf patients hospitalized throughout New York state's hospital system from 250 to somewhat less than 50 at a recent estimate" (p. 104). Along with New York's program, major programs instituted in the middle to late 1960's in Chicago, Washington, D.C. and San Francisco have contributed greatly to the body of knowledge we now have in regards to treating mental health problems of the deaf. Moores (1982) notes that, "Each of the institutes has been involved in training, research, and service" (p. 172).

Along with the therapeutic advances which have evolved, there have also been significant changes mandated by the courts in regard to patients' roles and rights. "Patients are better protected now against incarcerations against their will and are less subject to haphazard care" (Altshuler & Abdullah, 1981, p. 104). Because of recent court rulings, Tucker (1981) notes that about one-third of the states in the USA now grant a person committed to a mental institution the right to treatment suited to his or her particular needs. This includes special arrangements so that hearing impaired persons may live with and/or receive treatment from persons with whom they can communicate. A survey conducted by Tucker (1981) indicated that "at least half of the states have made initial attempts to provide their hearing impaired citizens with mental health services" (p. 231).

Although these achievements are commendable, researchers also remind us that truly "comprehensive" services exist in only a small number of centers. Schein (1977) reports that mental health services continue to be "one of the most neglected of areas of service to deaf people of all ages" (p. 6). Tucker (1981) adds that "most mental health personnel in the United States are grossly unaware of the problems encountered by this group, and of the special communication barriers confronting both oral and manual hearing impaired persons" (p. 223). Summarizing findings from 1978 data (Mental Health Needs, 1978), Tucker notes that there were only 15 mental health service programs specially designed for the hearing impaired. She adds:

> None of these facilities was a mental health center, and only three or four of the programs were fully functional. In addition, there were only about 20 psychiatrists working with hearing impaired people, of whom it was estimated only four or five could communicate fluently in sign language (p. 223).

The author also reports that only 16 psychologists, 19 social workers and 27 psychiatric nurses throughout the United States had sufficient signing skills to provide appropriate services. Such conditions, of course, have very detrimental affects on the quality of services. Reiterating Schein's (1980) allegations, Tucker (1981) reports that as a result of the scarcity of programs, "most hearing impaired persons requiring mental health services other than hospitalization have been unable to receive outpatient assistance" and that "hearing impaired patients in hospitals for the mentally ill have faced insurmountable barriers to proper diagnosis, treatment, and rehabilitation" (p. 223). Only by following organizational recommendations such as those set down by Rainer and Altshuler (1970) and other professionals (Tucker, 1981) on a national scale, can the United States hope to establish mental health services which will have effective and lasting results, now and in the future.

The Canadian Scene

Traditionally, the Canadian scene has mirrored somewhat the philosophies and approaches of its southern neighbor, albeit sometimes in a slower, more circuitous manner and on a somewhat smaller scale. This reflects not only the close proximity and special relationship between the two countries but also the influence of Canada's smaller population and vast distances between centers, even within provinces. In particular, the political division of responsibilities between the federal and provincial governments in Canada has had a marked influence on the make-up of services to the deaf. Beggs (1983) notes that since education in Canada is a provincial and not a federal responsibility, there has been "little continuity offered to deaf students across the country" (p. 13). When we add the fact that, "Officially and historically, Canada is a bilingual country with both French and English speaking schools for the deaf" (Clarke & Witnzer, 1983, p. 36), it is little wonder that educational and other services to the deaf often present a fragmented and disjointed picture as we go from province to province.

Historical Developments in Canada to the 1970's

The first school for educating deaf children in Canada (French-speaking) was started in 1831, about 14 years after the first permanent American school was opened. The chief mode of communication was manual. Although the venture failed, a residential school for the deaf was finally established in Montreal in 1849 (Beggs, 1983). The first English-speaking school for the deaf in Canada had its beginnings in Nova Scotia in 1857. Initially, it also made use of a strong manual component in the education of students. It is interesting to note, however, that both institutions paralleled the path established by American schools, when subsequent to the Milan Conference in 1880, they stopped using manual communication and turned to oral techniques.

Although schools continued to open in eastern Canada, growth in the west was slow. Development in Western Canada had to wait until 1888 when a school was opened in Winnipeg, Manitoba. Alberta, in particular, has the dubious distinction of being "one of the last provinces in Canada to provide facilities for educating deaf children" (Beggs, 1983, p. 21). For many years, the policy in Alberta was to send deaf children to schools as far away as Eastern Canada (Quebec) and the United States. It was not until 1956, after a much needed infusion of funds from newly discovered oil reserves, that the Alberta government responded to public pressure and opened the Alberta School for the Deaf in Edmonton (Clarke & Kendall, 1976). Clarke and Nyberg (1983) report that, "Persons familiar with the school say that it was 'more oral than even the oral schools of that time' " (p. 25). The school remained oral until the early 1970's when, like its American counterparts, it began a gradual transition to the "total communication" methodology which it supports today.

If the literature and research on counseling the deaf is sparse in the United States, it is a veritable desert in Canada. Based on discussions with J. McLaughlin (Principal, Alberta School for the Deaf), the evolution of counseling in Canada and more specifically in Alberta, appears to have followed a pattern similar in many respects to its southern neighbor. The make-up of services has most often been closely aligned to the particular educational methodology used. Accordingly, counseling initially took the form of advice-giving to parents as to which methodolgy to follow. Residential schools, once they turned to the use of manual communication in the early 1970's, hired guidance counselors to provide assistance to deaf youth in their choice of careers. Beyond what existed in residential schools, there is no mention in prominent journals of specialized counseling services of any form being provided for deaf adults in Canada or Alberta prior to the early 1970's.

The State-of-the-Art in Canada

1. Vocational Settings

Literature dealing with the formal provision of vocational counseling for the deaf adult in Canada appears to be virtually nonexistent. (This, however, should not be construed as meaning that services did not exist.) Unlike the concentration of effort shown by way of vocational rehabilitation programs in the 1950's and 1960's in the United States, assistance to deaf people in Canada in this area appears to have been a relatively late occurence.

In Alberta, Bresnahan (1981) reports that the forerunner to present-day agencies which serve the deaf in Edmonton was an agency called "Personnel Services". This was an agency started in the early 1970's under the auspices of the Canadian Mental Health Association and Canada Manpower. The organization was administered by the Canadian Mental Health Association and had "a mandate to provide employment assistance and placement" (Bresnahan, 1981, p. 24). In 1977, Personnel Services was dissolved and replaced by Distinctive Employment Counseling Services of Alberta (DECSA). Reflecting the traditional Canadian duality of political responsibilities, Bresnahan (1981) notes that DECSA was given a mandate to: 1) provide employment counseling to those individuals who were unable to secure employment due to mental health, ocular or auditory barriers (Federal responsibility) and, 2) provide employment readiness to individuals with special needs (Provincial responsibility). An important part of this was that, for the first time, it was recognized that deaf clients needed to be served in their preferred mode of communication, which most often was some form of sign language.

In 1981, Bresnahan stated that DECSA offered individual employment counseling and placement, liason with employers, clients, and community resource people and ongoing follow-up once a job has been secured. The agency also focused on such employment readiness factors as filling out application forms, preparing resumes and improving job search and interview techniques. Interpreters were used in interviewing and training for jobs and assisting in communication between employers and deaf workers. Bresnahan (1981) reported that DECSA also assisted in establishing funding for further schooling, working in conjunction with "the Federal Government through the CEITP (Canada Employment Immigration Training Program) and Advanced Education (Provincial Government) with the VRDP (Vocational Rehabilitation for Disabled Persons)" (p. 26). The author also noted that DECSA had become almost a "drop-in center" for many of the deaf. As a result, besides employment counseling, the agency offered other services such as budget counseling, family counseling, social work and even arranging appointments with lawyers, travel agents and so forth.

In 1983, Rodda and Carver reported on some sobering statistics relating to employment in Alberta. As noted earlier, they found that deaf Albertans had already arrived at Vernon's (1981) "worst scenerio" projections of 20% unemployment. Unemployment among males in 1981 was 23% and among females, a staggering 31%. The single largest employer was the government (37%). Clerical and service occupations made up 45% of the major types of occupations compared to 24.2% in the U.S.A.

Reported sources of assistance in obtaining employment included: friends (38%), Canada Manpower (37%), DECSA in Edmonton (30%), guidance counselors (12%), Southern Alberta Deaf Centre in Calgary (4%) and Creative Employment Services in Calgary (2%). The authors noted the relative importance of DECSA in Edmonton which utilizes workers who are proficient in sign language. It was assumed that those seeking similar assistance in Calgary would have to depend on interpreters. It was further noted that 30% of the respondents had no idea of where to go for assistance in gaining employment. These figures are indicative of the need for better communication with the deaf community by agencies which are supposed to be serving their special needs.

Despite the existence of vocationally oriented agencies such as DECSA which are geared to the needs of the deaf, weaknesses in vocational counseling services are still evident. In 1981, Goldstein reported that in contrast to the United States, it was unfortunate that "there are no actual vocational rehabilitation centers for the deaf in Canada" (p. 19). Rather, he noted, existing government agencies are simply "employment agencies specializing in work with the deaf" and as such "cannot compare with vocational rehabilitation centers" (p. 19). Among other suggestions, Goldstein (1981) noted that every province or region in Canada should have at least one major city identified as a vocational rehabilitation center. This, he said, should be based on a census to assess the size, location and needs of the deaf population base in each area. Each center should "work closely with residential schools for deaf, social associations for the deaf, welfare agencies, Canada Manpower, social services, parents' groups and provincial as well as federal hospital facilities" (Goldstein, 1981, p. 20). Finally, each center should have counselors, psychologists, psychiatrists and other professionals who have a knowledge of deafness and are skilled in communicating with the deaf.

One recent development which is almost certain to have a positive affect on the vocational needs of the deaf in Alberta was the introduction of the federal government's "Employment Equity Program" in 1987. Similar to the Vocational Rehabilitation Act of 1973 in the U.S.A., the two-year-old law requires employers bidding on contracts of $200,000 or more to introduce programs to improve the representation of specific minority groups such as the deaf. Continued pressure has been made by the federal government to ensure that the program is applied to all companies that want to bid on federal contracts. A recent article in The Edmonton Journal (May 20, 1989, p. 1), reports that one Alberta company has just lost its right to bid on federal government contracts until it complies and implements such a program. The publicity which this is receiving and particularly the watchdog stance which the government appears to be taking, should assist the deaf in obtaining employment and further to this, should alert counselors to the potential areas of opportunity for the deaf.

2. Postsecondary Educational and Training Settings

Over the years, Canada has depended heavily on the United States in providing for postsecondary education and training of deaf individuals. Prior to recent years, Canada and Alberta have mainly utilized American institutions, particularly Gallaudet University, to provide higher education for deaf students. It was not until the late 1960's and 1970's (following the American lead to expand services into hearing institutions) that a variety of programs began to spring up across Canada, each with its own brand of educational and associated counseling services for the deaf.

In 1982, Wick surveyed Canadian educational facilities to ascertain the number of hearing impaired students attending institutions of higher learning. In relation to university settings he reported that a mere 32 students were in undergraduate studies and 7 in graduate programs. A continuing dependence on Gallaudet was also noted. As of the spring of 1982, it was found that Gallaudet College enrolled a total of 96 Canadian students: 3 from B.C., 18 from Alberta, 10 from Saskatchewan, 5 from Manitoba, 44 from Ontario, seven from Quebec, and 6 from Maritime provinces (Clarke & Nyberg, 1983, p.31). These figures suggest that, proportionally, Alberta was sending more students to Gallaudet than any other province (Rodda and Carver, 1983, p. 89) and that for the most part only a handful of deaf Albertans were enrolling in higher institutions of learning whether in Canada or the United States. Wick (1982) also reported that approximately 100 hearing impaired students were attending four community colleges located specifically in Vancouver, Edmonton, Winnipeg and Toronto.

As in the United States, increasing acceptance of deaf students into institutions of higher learning appears to have been influenced somewhat by the existence of formal training programs for teachers of the hearing impaired. Relative to the U.S.A., such programs were late in developing in Canada. Clarke and Bibby (1984) report that although a program for training teachers was instituted in 1929 in Belleville, Ontario, it was not until 1967 that it became more formalized, 1972 when sign language was introduced and 1974 that the first deaf person was admitted. The first training program in the west was established at the University of British Columbia which began operation and admitted its first deaf student in 1968. Extant programs were thereafter added in Amherst, Nova Scotia (1972), Montreal, Quebec (1975), Edmonton, Alberta (1980) and York, Ontario (1981). Although all of these programs have some form of counseling services, Hiron (1988) reports that they continue to vary greatly from school to school.

In 1988, Hiron reported on more recent findings relating to post-secondary institutions in Canada. In the final tally, just over half of the responding institutions (93/142) reported having deaf/hearing impaired students registered. A total of 529 hearing impaired students were reportedly attending, although the author noted that due to reporting limitations this was probably an underestimate. Unfortunately, the majority of those who serve the hearing impaired (59.1%) stated that they do not provide special programs. Twenty-one (62%) of degree granting institutions, five (10%) technical facilities and three (11%) vocational programs reported having some form of open enrollment which would be conducive to deaf students. Hiron (1988) found that only 11% of the institutions had counselors who were able to use sign language. The majority of the responding institutions (53%) indicated that counseling services were provided by designated individuals who did not use sign language (p. 75). Only fifteen (16%) of the responding post-secondary institutions who reported serving hearing impaired, have sign language interpreters on staff, while 19% utilized outside services.

Specifically looking at the hearing impaired in Alberta, Rodda and Carver (1983) determined in a survey that only 3% of their sample had a grade 12 level of education. One in ten spent four or more years in college or technical school or about half the rate of the general population. While three-fifths of the respondents expressed a wish to return to school, nearly half did not know where to go to get further education. Of the 48 respondents who received some form of post-secondary education, the majority (27/48) obtained it in Alberta. The authors reported that 23% of the respondents attended Alberta College, 13% Northern Alberta Institute of Technology, 2% Grant McEwan College, 6% Alberta Vocational Centre in Edmonton and 6% the Alberta Vocational Centre in Calgary. As evidenced here, the majority attended centers in Edmonton. Seventy percent of those getting their education outside of Alberta attended American institutions, mainly Gallaudet. One glaring statistic was that "within this sample not one respondent was a student of an Albertan or a Canadian University" (Rodda & Carver, 1983, p. 12).

3. Mental Health Settings

Literature addressing the mental health needs of deaf Canadians is negligible. Based on the few articles available, it appears that conditions are considerably more primitive than those in the U.S.A. Vernon (1982), reporting on mental health services in the Atlantic Provinces, stated that the deplorable situation deaf people face there, is "typical" of the Canadian situation. Commenting on conditions, Vernon notes that:

> misdiagnoses by psychologists and psychiatrists who confuse the language disability, vocalizations, and educational lag due to deafness with mental retardation, schizophrenia, and and autism have lead to the hospitalization of deaf individuals whose problems were increased rather than alleviated by this inappropriate placement" (p. 18).

He adds that, in spite of such conditions faced by the deaf mentally ill, there are "no specialized programs" in place in Canada and no overall plan to remedy or prevent the situation.

In the same article, Vernon suggests a number of measures that should be taken in order to improve services to deaf

Canadians. Initially, he suggests that deaf patients need to be identified in each province or region and then grouped in hospitals near large population centers. These centers would provide both inpatient and outpatient care, including diagnosis, treatment, after care, family counseling and help for those suffering from substance abuse. Such a centralization of facilities would make possible "the effective use (and/or training) of the limited qualified professional staff available to work with disturbed deaf people" (Vernon, 1982, p. 18). The author concluded that appropriate levels of government also need to pass legislation which will "assure deaf mental patients basic rights of access to treatment ... as well as safeguards to insure against inappropriate involuntary confinement" (Vernon, 1982, p. 19).

Information relating to mental health services in Alberta is as equally sparse as references to services on the national level. For youth, MacDonald and McLaughlin (1987) reported on the evolution of a peer counseling support group for students at the Alberta School for the Deaf, the first of its kind at a school for the deaf in Canada. Of particular importance to deaf adults, Robinson (1987) describes a pilot project called "Counselling Services for Deaf Adults" which unfortunately had to be aborted after only 14 months. It was carried out under the auspices of the Association For the Hearing Handicapped (AHH) in Edmonton.

Initially, AHH sent letters to various agencies throughout the province to establish a perspective of need. Based on the expressions of need highlighted by agencies, moves were made to begin the project in October 1985. "The original proposal called for a comprehensive service which included counsellors, a supervisor, community development worker, secretarial and administrative support" (Robinson, 1987, p. 1). These plans, however, were dramatically downgraded when only limited funding was secured through the United Way. Subsequently, one deaf counselor was hired -- this being to ensure a high level of understanding of problems encountered by the deaf as well as an appropriate level of communication skill.

Unfortunately the service ran into problems from its inception and only remained in operation to December 1986. A low volume of clientele was attributed partially to location as well as to a basic lack of proper community development. When the service was close to its demise, a client satisfaction survey was completed. Returned questionnaires from 60% of the 26 clients serviced resulted in a 44% "highly satisfied" and 48% "satisfied" response. Some respondents expressed concern over having to pay a fee, others over the need for crisis counseling beyond regular office hours, and some over having only one counselor to choose from. All of the respondents expressed their desire to have the service continue.

In retrospect, Robinson (1987) reports that Edmonton organizers might have been wiser to wait until their original more comprehensive plan and longer term financing could have been implimented. A survey by AHH of similar programs in the United

States reported that a minimum of 2 to 3 years was necessary to develop a viable service which was "clear in regard to both mission and trust of the service consumer" (Robinson, 1987, p. 1). The author made reference to a pilot counseling service entitled CONNECT started in 1986 in the Toronto area. At that time, the program had a 6 member staff including support staff, was 100% Ontario Government backed, and had an initial start-up period of 2 years.

In the Toronto program, clients are initially seen twice in the first week and then once every week or every second week. Frequency and duration are "formally negotiated" with individual clients. Clients do not pay and there is no limit to visits. Although the program is open only during set office hours, moves are in motion to extend this to crisis services, through a 24-hour TDD hotline. As well, clients have a choice of several counselors just in case a client has a social aquaintance and is afraid of confidentiality problems. Clinical supervision is supplied by the program coordinator, with weekly consultation from a psychiatrist. In addition, a large part of the program is centered around community public relations and education.

Other Information

As noted earlier, there has been no definitive census of the the deaf adult population in Canada or in Alberta. However, several surveys have been carried out in Alberta which have a bearing on our discussion. In 1975, for example, Boesen took a survey of the needs of hearing impaired people in the Greater

Edmonton area. Of the 46 deaf people surveyed, the survey determined that 26% did not know where to go for family counseling, 19% were uncertain as to where to go to get marriage counseling, and 15% did not know where to get legal advice. More recently, Rodda and Carver (1983) carried out a relatively comprehensive study entitled The Alberta Survey of the Hearing Impaired. A final sample of 338 respondents was located, 92 in Calgary and 246 in the Edmonton area. The greater numbers in Edmonton were attributed, in part, to the presence of the Alberta School for the Deaf and the tendency of graduates to stay close to residential schools as a source of help and social-emotional support. The statistics obtained by the survey are indicative of the situation the deaf find themselves in, in Alberta and thus are important as we contemplate the need for counseling and other services.

Rodda and Carver discovered that almost four-fifths of the respondents made use of a TTY/TDD to communicate. Like hearing people, the deaf require some viable means of communicating with agencies which provide counseling and other services. This suggests the need for servicing agencies to have their own TTD and/or access to a message relay service. It was also found that one in five of the respondents did not know where to go for an interpreter. Of those using interpreting services, 32% needed assistance in educational/training situations, 9% in counseling, 8% in employment and 6% in legal situations.

Like Boesen's (1975) findings, Rodda and Carver (1983) found that a high proportion of the respondents did not know where to obtain various counseling services. Forty-five percent were unsure of where to go for legal advice, 60% where to get financial advice and 64% where to go for personal counseling. In the latter area, the authors stated that the only source of help used with any regularity was the church, a difficult situation if one does not have any religious affiliation. In conclusion, Rodda and Carver (1983) concluded that, "The need for a visible access to a 'counseling service' is obvious -- experience confirms that when deaf people need personal help, they do not know where to go to receive it" (p. 126).

Special Considerations

Professionals are overwhelmingly in agreement that while the objectives, evaluation and therapy processes are essentially no different for the deaf client in relation to other clients, working with deaf people imposes special knowledge and skill demands on the counselor of the deaf (Levine, 1981; Moores, 1982). First and foremost, the counselor should have a background in the etiology and nature of auditory disabilities (Sussman & Stewart, 1971). Accurate knowledge about the causes of the hearing impairment will provide explanations for certain behavioral patterns that may occur as a direct consequence of the hearing disability. "Even a basic orientation to deafness will not be enough" (Shiels, 1986, p. 101). Many deaf individuals also have additional disabilities and handicaps like cerebral palsy or mental retardation. "There are many instances when a particular problem is attributed to deafness when the cause is actually due to another disability" (Stewart, 1986, p. 15). Stewart also notes that the examiner must be aware of the various causes and kinds of hearing loss that can occur and the medical, physiological, educational, social, vocational, and emotional implications of each circumstance. Unless the evaluator is well-versed in such areas, the risk of misdiagnosis runs high (Shiels, 1986).

The second consideration which warrants special attention is that of communication. Bolton (1976) reported that, while the uniqueness of deafness does not alter the basic nature of the counseling process, it does influence "the mode of interaction". Communication, of course, comprises the foundation of the counseling process. Without adequate counselor-client communication, appropriate assessment and treatment are made virtually impossible. Commenting on this in relation to the deaf, Patterson and Stewart (1971) noted:

> The inability to communicate effectively with others is the deaf person's greatest difficulty and the most common obstacle between the counselor and the deaf client. Moreover, this barrier is far from being a simple one of the limited ability to exchange words. It is much more. Communication is made difficult by the underdeveloped language skills and vocabulary of most deaf people; by conceptual limitations and experiential deprivation; by the effects of having experienced life without sound; by the effects of interpersonal relationships stemming from communication deficits; and by the unique life circumstances of deaf people, which may be incomprehensible to the counselor who is unfamiliar with the impact of deafness on the individual's educational, personal, social, and vocational adjustment (p. 56).

Among the deaf, communication skills vary greatly from individual to individual. The counselor of the deaf must be able to converse with people who may utilize oral communication, fingerspelling, handwriting and various forms of sign language (Levine, 1981, pp. 328-333). "Basic skills with manually-coded English alone will not be sufficient" (Shiels, 1986, p. 101). Shiels adds that, without the necessary communication skills, interviewing will be difficult, observations will lack insight and the interaction between counselor and client will likely be quite artificial.

One method of rectifying the reported lack of counselors who are skilled in communicating with the deaf has been the increasing use of sign language interpreters. Advocates of this practice rightfully argue that a skilled interpreter makes it possible for the deaf person to be assisted where otherwise it may not have been possible. However, while the emergence of interpreters is certainly of great benefit, it is by no means the final solution to the problem. Stewart (1986) questions whether evaluation findings are truly valid when an interpreter is used. Concurring, Shiels (1986) adds that, "Too often the evaluator may end up evaluating the interpreter's skills more than the client's" (p. 104). As well, the use of an interpreter may infringe on the privacy and confidentiality that the client needs to comfortably discuss his problems (Levine, 1981). Therefore, while interpreter services are a significant step forward, it should be recognized that in the area of counseling, it is only a stop-gap measure in the provision of quality services and "as a regular practice ... is not advisable" (Shiels, 1986, p. 104).

In practice, there may be occasions when a counselor with even the most proficient ability in manual communication finds it impossible to communicate. A partial solution to this is the use of counselors and/or paraprofessionals who are deaf themselves (Patterson & Stewart, 1976; Harris, 1981). Vernon (1971) notes that, "The concept of minority or disability groups being directly involved in their own rehabilitation at professional and decision-making levels is a valid one, as demonstrated by such organizations as Alcoholics Anonymous and Synanon" (p. 38). The benefits may be reciprocal. Not only is the deaf counselor in a better position to communicate and empathize with the deaf client (Sussman & Stewart, 1971), the client may also tend to attribute more credibility to the disabled counselor (Mitchell, 1975). In addition, Harris (1981) suggests that the use of deaf professionals will be beneficial not just to those who are being assisted but also to deaf adults who will be given new job opportunities and deaf children who will be provided with models of authority needed to affirm the acceptability of their own deafness (pp. 236-237).

Summary

The evolution of counseling services provided to the deaf adults in the United States and Canada display some distinct similarities. As one might suspect, the provision of services to the deaf have been tied closely to the development of counseling as a relatively new field. This is displayed in deaf literature where-in there has often been no distinction made between advice giving, guidance and actual counseling (Rodda & Grove, 1987). Undoubtedly the greatest area of impact on the makeup of counseling services to the deaf has been the influence of the two major educational methodologies, oralism and manualism. From the 1880 Milan Conference until even the early 1970's, counseling often tended to take the form of advice to parents as to which methodology to use with their children. Parents were, during this period, most often "manipulated" and pushed to support oralism. Guidance and actual counseling to deaf students appear to have had their beginnings in residential schools for the deaf which supported manual communication. The late 1950's and early 1960's saw the ~~gradual~~ emergence of rehabilitation counselors in the United States as "champions of the deaf", and subsequent development of mental health services as a response to the inability of vocational counselors to deal with severe problems encountered in some deaf clients. In Canada, development of specific services to the deaf appears to have lagged considerably behind the U.S.A., with noticeable improvements being introduced in the late 1970's and later.

In the United States, the 1960's and early 1970's appear to have been major transitional years in that the government and society began to accept more responsibility in providing for the needs of handicapped people. With greater funding came more research and the opening of institutions of higher learning which were specifically geared to assist the deaf in improving their lot in life. The early 1970's also witnessed a significant jump in society's acceptance of sign language as a legitimate and integral part of being deaf. This and other developments spurred on support for the need for interpreter services, use of TDD's and other devices for the deaf, and finally, the need for professionals in counseling and other areas to have special knowledge and communication skills. Although Canada has shared in improvements south of the border, progress has been markedly behind that of the United States. It has only been in the mid-1970's and 1980's that Canadians have begun to truly awaken to the need for initiating their own programs.

Today, deaf people in the United States and Canada have access to a wide variety of counseling services. However, in spite of dramatic improvements, the calibre and type of services available continues to vary widely from location to location. When compared to the United States, Canada and specifically Alberta, appear to be in almost an embryo state in their provision of counseling services to the deaf. In part, this is due to Canada's large expanses between populated areas and the traditional division of federal-provisional political responsibilities. This has created a hodge-podge of programs which are sometimes disjointed, redundant, and often ineffectual. In terms of Alberta, one also has to suspect that this lack of support is due to the province's historical dependence on others (particularly the USA) to provide for the needs of the deaf. Yet, in spite of the aforementioned difficulties, it is equally apparent that Alberta has been making some major strides in providing better counseling services. It is evident that various public and private agencies are attempting to provide the help deaf people are so much in need of.

It is the object of this investigation to ascertain the extent and make-up of these services as they presently exist in Alberta. While this study lacks the scope and necessary financial and political support of Rodda and Carver's (1983) research, it is hoped that it will prove useful in furthering our understanding of how well agencies in Alberta are meeting the counseling needs of the deaf.

CHAPTER 3

Methods and Procedures

In order to determine the extent and make-up of counseling services available to deaf adults in Alberta, a social survey questionnaire was designed and mailed to public and private agencies providing counseling services to adults throughout Alberta.

The Sample

Lists of agencies were primarily obtained through the Alberta Social Resources Inventory which is the Alberta government's computer registry of provincial community resources. A search request was subsequently made to determine which agencies supply counseling services to adults in general, as well as specifically for the hearing impaired. In addition to the list of agencies produced by the search, other agencies were added, based on information provided by professionals working in the area of deafness. Individual psychologists were also included and treated as private "agencies". Post-secondary institutions such as universities were counted as public agencies. The final sample, consisting of 260 agencies, was mailed an initial cover letter and a one-page questionnaire (See Appendix A). The questionnaire asked: 1) if the agency provided counseling services to the deaf, 2) the types of services supplies (eg. personal, employment, financial), and 3) whether the respondent would be willing to fill in a longer more detailed questionnaire (See Appendix A).

Initially, 171 replies were received. A second mailing resulted in a further 45 replies bringing the total response to 216 or a 83% return. The breakdown of replies was as follows:

1) NO (no reply/do not supply counseling services)		165
a) not returned or moved with no forwarding address	(44)	
b) reply: do not supply counseling services to deaf adults	(121)	
2) YES (do supply counseling services to deaf adults)		95
a) not willing to fill out longer questionnaire	(28)	
b) willing to fill out longer questionnaire	(67)	
Total		260

The longer questionnaire was pre-tested and then mailed out. Of the total 67 respondents who said they would fill out a more detailed questionnaire, 42 were initially returned. A second mailing increased the response to 57. The remaining agencies were then either phoned or mailed a third questionnaire. This resulted in a final response of 63/67 or 94%.

Survey Instruments and Data Collection

As noted, two questionnaires were used to elicit information. The first asked whether an agency provided counseling services to deaf adults. The longer questionnaire consisted of 26 questions pertaining to more detailed information. The majority of the questions were in the form of multiple-choice items. Where unexpected responses could have occurred an "other" choice was added along with a space for written explanation. Two of the questions were open-ended and allowed the respondent to give opinions or explanations.

Questions were divided into 4 sections:

Section A (General Information About Agencies)

This section of the questionnaire asked for the position of the respondent, type of agency, where services were provided, and funding source(s).

Section B (Specific Details About Agency Services)

This section addressed type(s) of counseling services offered, the major age groups serviced, average number of clients served monthly, use of formal contracts, frequency of contact, response to crisis, charges to clients, employment of hearing impaired personnel, method of communication with clients, number of staff skilled in sign language, use of interpreters, use of TDD's, use of the Message Relay Centre (MRC), referral to other agencies (networking), specialized training of personnel, type of clinical supervision, and type of testing/assessment used.

Section C (Other Information)

This section asked for the main procedure used in dealing with deaf adults (counseling, guidance or advice), and for the respondents' opinions on future improvements needed.

Section D (Directory)

The final part of the questionnaire was used to collect information with could be used to compile a directory of agencies willing to provide counseling services to deaf adults.

The survey took place over a period of roughly two months (from June 1 to August 12, 1988). The initial cover letter and one-page questionnaire were sent out June 1; the second mailing on June 15. The longer questionnaire was initially mailed out on June 17, to those who had replied to the first inquiry. Subsequent mailings were made July 1, and 20. Phone contacts were also made during the week of August 12 to respondents in the Edmonton area.

Data Analysis

Answers to questions were totalled and resulting figures were analyzed in relation to two criteria: 1) topics dealing with the questions in the survey, and 2) types of agencies (mental health, career/vocational/employment, family and community support, private training, and educational). Some analysis of the groupings was also done on those who responded that they did not provide counseling services to deaf adults. This centered on those agencies in the public sector which may not have had a clear understanding of their mandate to serve "all citizens". Findings are reported using percentages.

Assumptions of the Study

The following assumptions were made in relation to this investigation:

1. The sample which was mailed the initial letter and questionnaire was comprehensive enough to make the survey valid.

2. Respondents filled out the questionnaires honestly and accurately.
3. Respondents, for the most part, were knowledgeable about the conditions within their own agency.
4. The questions were clear and unambiguous.

CHAPTER 4

Data Analysis and Results

The findings of the research are reported in this chapter. With the exception of item number 5, which occurs in both the short and long questionnaire and elicited a total of 95 responses, all other analysis is based on the 63 respondents who answered the more detailed questionnaire.

A. General Information About Agencies

1. Position of Person Filling Out Questionnaire

Table 1 reports on the position of the person filling out the questionnaire. The largest group of respondents were counselors (23/63 or 36%). These included employment counselors, career counselors, and those who just described themselves as "counselors". The second largest categories were those of psychologist and executive director, both at 16%.

2. Kind of Agency

Table 2 shows the type of agencies which provide counseling services to deaf adults (public, private or other). The majority (46/63 or 73%) reported themselves as "public agencies". Only 5% were "private agencies". Another 12% reported themselves as being non-profit foundations dealing specifically with further training.

TABLE 1

Position of Person Filling Out Form

Position	Percentage	N
Psychologist	16	10
Executive Director	16	10
Counselor: Employment Counselor	16	10
Career Counselor	13	8
General Counselor	8	5
Program Coordinator	8	5
Manager	5	3
Coordinator of Services to Disabled Students	5	3
Community Health Nurse	4	2
Psychiatrist	2	1
Instructor	2	1

3. Where Services are Provided

Table 3 indicates the kind of services provided. A majority (47/63 or 75%) provided services locally while 13% were provincial. Those listing "Other" (13%) were national agencies (eg. Canada Manpower) and post-secondary institutions. However, there appeared to be some confusion in terms of how respondents perceived the question. In particular, this was evident in the case of national agencies such as Canada Manpower. For example, one Canada Manpower representative said his agency provided services locally, another individual said his services were provincial, and yet another reported his as national.

TABLE 2

Kind of Agency

Type	Percentage	N
Public	73	46
Private	8	5
Other	19	12

TABLE 3

Where Agency Provides Services

Location	Percentage	N
Locally	75	47
Provincially	13	6
Other	13	8

4. Funding Source(s)

Table 4 reports on the source(s) of the agencies funding. The majority of the agencies (45/63 or 71%) reported that they depended solely on government funding for financial support. Seven (11%) reported basing operations on both government and private funding. Only 5% were totally dependent on private funds. Noticeably, no agency reported depending solely on fee for services. Almost every agency (97%) reported that they received some form of government funding. Sixteen (25%) stated that they receive some form of private funding. Only eight (13%) reported receiving fee for services as part of their funding. Those selecting "Other" as a choice (13%) said they receive a combination of government, private and fee for services or, a combination of government and fee for services.

TABLE 4

Funding Sources of Agencies

Sources	Percentage	N
Government only	71	45
Private only	5	3
Government & Private combination	11	7
Fee for Services only	0	0
Other:	13	8
Government + Private +Fee	(11)	(7)
Government +Fee	(2)	(4)

B. Specific Details About Agency Services

5. Type of Counseling Services Offered to Deaf Adults

Table 5 describes the various types of counseling services offered to deaf adults. Since this includes the results of the short and the more-deatiled survey, results are based on an N of 95. On the surface, the most prevalent form of counseling appears to be individual/personal counseling (65%). However, a high percentage of agencies also provide career/vocational counseling

(47%) and employment counseling (38%). Career/vocational counseling is commonly seen as counseling to determine interests/aptitudes for given areas; employment counseling is provided for specific job placement. A further 17% offer rehabilitative counseling, again associated with the vocational area. Some form of educational counseling is supplied by 26% of the agencies. Family counseling is offered by 31% of the agencies; marriage counseling by 27%. Twelve agencies (13%) offer group therapy. Few (16%) offer any financial counseling. Two of those answering "Other" felt that "psychiatric assessment", as opposed to individual/personal counseling, more aptly described the services they provided.

2. Age Groups Mainly Serviced

Table 6 shows the predominant age groups serviced by the responding agencies. A total of 38% of the agencies reported that they provide counseling mainly to the 18-25 age group and 41% provide services to the 26-40 age group. Only 6% reported servicing the 40-65 age group, and 5% the 65 and older age groups.

3. Number of Deaf Clients Served In A Month

Table 7 looks at the average number of deaf clients reportedly seen in a month. By far, most agencies (61%) reported that they saw "less than 1" deaf client in a month. A typical comment was that "none are being seen currently". Several respondents noted that they had seen only 1 deaf client in the past year and others reported that while they would accept deaf clients, they had never had one. Another comment on several questionnaires was that demands were commonly high in summer and fall but low and even non-existent in the other seasons. This, they said, made averaging difficult. The second largest number commonly seen per month was in the 6 - 10 category (10%). One agency reported seeing over 21 deaf clients per month, but based on respondent comments, was probably referring to "client contacts", rather than the actual number of clients.

TABLE 5

Types of Counseling Services Offered to Deaf Adults

Types	Percentage	N*
Individual/Personal Counseling	65	62
Career/Vocational Counseling	47	45
Employment Counseling	38	36
Family Counseling	31	29
Marriage Counseling	27	26
Educational Counseling	26	25
Rehabilitative Counseling	17	16
Financial Counseling	16	15
Group Therapy	13	12
Legal Counseling	2	2
Other	4	4

*Multiple Responses Possible

TABLE 6

Age Group Mainly Serviced By The Given Agency

Age Group	Percentage	N
18 - 25	38	24
26 - 40	41	26
41 - 65	6	4
65 & up	5	3
No answer	10	6

TABLE 7

Average Deaf Clients Served In One Month

Number Served	Percentage	N
Less than 1	61	39
1	8	5
2	8	5
3	0	0
4	3	2
5	3	2
6 - 10	10	6
11 - 20	3	2
Over 21	2	1
No answer	2	1

4. Use of a Format Contract

Table 8 deals with whether the agency "normally" makes use of a formal contract with its client(s). Although a formal contract does not always ensure that the client clearly understands what is expected in the relationship, it may go a long way in clarifying the client/agency relationship for deaf adults. In some cases, of course, a formal (written-verbal) contract may be inappropriate (eg. those hospitalized for psychiatric care). Most of the respondents (79%) reported that they did not use a formal contract.

TABLE 8

Use of a Formal Contract With The Client

Response	Percentage	N
Yes	21	13
No	79	50

5. Frequency of Seeing Clients

Table 9 shows how frequently the agency normally sees clients. The vast majority of the agencies (71%) reported seeing deaf clients "as needed", with 14% seeing clients weekly. The 5 respondents answering "Other" included 3 educational institutions and 2 detoxification centres who stated that daily contact was the norm, although only for brief periods.

TABLE 9

Frequency With Which Agency Normally Sees Clients

Frequency	Percentage	N
As needed	71	45
Weekly	14	9
Bi-weekly	5	3
Bi-monthly	2	1
Other	8	5

6. Response to Crisis Situations

Table 10 displays whether agencies respond to crisis situations and if so, on what basis. Almost 3/4 of the respondents (70%) stated that they would respond to crisis situations, 49% during office hours and 21% a full 24 hours a day. About a quarter of the agencies (27%) stated that they would not respond to crisis situations. Some of these latter agencies stated that they were career/vocational oriented and that crisis intervention was not really applicable.

7. Charges for Services

Table 11 deals with whether deaf clients are charged money for counseling services. Those answering "Yes" were asked the criteria for charges. The vast majority of the agencies (58/63 or 92%) replied that they do not charge for services, although this was qualified by some who noted that Alberta Health Care paid for the service. Of the five agencies who charge for services, four stated that they charge a fee based on client income (a sliding scale) and one agency said it charged strictly on the basis of type and length of service rendered.

TABLE 10

Respond To Crisis Situations

Response	Percentage	N
Yes		
a) during office hours	49	31
b) 24 hours	21	13
No	27	17
Other	3	2

TABLE 11

Charge For Services

Response	Percentage	N
Yes	8	5
No	92	58
Other	0	0

8. Hearing Impaired Employed By The Agency

Table 12 looks at whether hearing impaired individuals (deaf or hard of hearing) are employed by the responding agency. The majority of the agencies (81%) answered "No" to the question. Those who said they do employ the hearing impaired included the 16% who answered "Yes" and the 3% "Other" who stated that they consulted a psychologist (a deaf individual) when required -- a total of 19% of the agencies.

The questionnaire also asked for specific numbers of hearing impaired people employed. Of the 10 agencies that said they employed deaf or hard of hearing people, 5 employed 1 person, 3 employed 2, and 2 were not sure of exact numbers. Thus, at least 11 hearing impaired people are employed by the responding agencies. Of these 11, however, it is unclear how many are directly involved with counseling.

TABLE 12

Employment of Hearing Impaired Personnel

Response	Percentage	N
Yes	16	10
No	81	51
Other	3	2

9. Communication With Deaf Clients

Tables 13 - 19 look specifically at how the respondent agencies communicate with deaf client(s).

a. Use of Written Communication

Table 13 looks at whether agencies rely on reading and writing notes as their "main" form of communication with deaf clients. A majority of the agencies (57%) answered in the affirmative. A further 37% answered "No" and 6% gave "Other" as their answer.

TABLE 13

Reliance On Notes As The Main Form of Communication

Response	Percentage	N
Yes	57	36
No	37	23
Other	6	4

b. Staff Skilled At Sign Language

Table 14 looks at the number of agencies with staff who are skilled in the use of deaf sign language. The word "skilled" is of course open to individual interpretation. About a third of the agencies (35%) stated that they had staff who were skilled in the use of sign language. Three of these noted that greater sign language skills were still required. Almost 2/3 of the agencies (63%) did not have skilled personnel. The one respondent answering "Other" stated that he did not know whether the agency had staff skilled in the use of sign language. (This was a government agency that should have access to interpreter services).

c. Use of Interpreters

Table 15 deals with the question of whether agencies utilize interpreters. Sixty-three percent answered in the affirmative. Almost one-third (32%) answered "No". Those answering "Other" responded that they did not have any need to use interpreters since they had had no deaf clients to date.

TABLE 14

Staff Skilled at Deaf Sign Language

Response	Percentage	N
Yes	35	22
No	63	40
Other	2	1

Table 15

Use of Interpreters

Response	Percentage	N
Yes	63	40
No	32	20
Other	5	3

d. Accessing Interpreters

Table 16 shows agency response as to whether agencies know where to access interpreters if they are required. A majority (75%) stated that they do know where to contact interpreters. This leaves a quarter of the agencies who do not know where to get assistance.

e. Agencies Having Their Own TDD's

A unique form of communication with the deaf is through the use of telecommunication devices for the deaf (TDD's). These allow deaf people to use their telephone to communicate with others. The Alberta Government publishes a TDD number for the "Deaf, Hearing and Speech Impaired" (427-9999). The Government of Canada publishes a TDD number as well (495-4161). A further means of communication between deaf and hearing individuals, when one does not have a TDD, is made possible through the Message Relay Centre. Although this has been in operation in Edmonton for a number of years, it was only in 1988 (Spring) that Alberta Government Telephones extended the service throughout Alberta. Unfortunately this was due to court action rather than as a result of voluntary means.

Table 17 shows whether an agency has a TDD. The majority (70%) said they did not, while 24% said they did. The four who responded "Other" stated that they use the Provincial Government RITE operator (Regional Information Telephone Enquires) to contact deaf clients.

TABLE 16

Knowledge Of Where To Access Interpreters

Response	Percentage	N
Yes	75	47
No	25	16
Other	0	0

TABLE 17

Agencies Having Their Own TDD

Response	Percentage	N
Yes	24	15
No	70	44
Other	6	4

f. Awareness Of The Message Relay Centre

Table 18 shows if agencies are aware of the Message Relay Centre and its purpose (which is to facilitate communication between TDD and non-TDD owners). The relative newness of the service outside Edmonton would lead one to expect a lack of familiarity with the service. This was borne out in the results. About two-thirds of the agencies (68%) were not aware of the Message Relay Centre.

TABLE 18

Agency Awareness Of The Message Relay Centre

Response	Percentage	N
Yes	32	20
No	68	43

g. Use Of The Message Relay Centre By Those Aware Of Its Existence

Table 19 notes that out of the twenty agencies who were aware of the Message Relay Centre, the majority (70%) did not use the service. However, ten of these said they had their own TDD. This means that roughly 50% of those who those who know about the MRC and do not have their own TDD, actually make use of the service.

TABLE 19

Use Of Message Relay Centre By Those Aware Of It's Existence

Response	Percentage	N
Yes	30	6
No	70	14
Other	0	0

10. Networking

Table 20 shows the extent to which responding agencies refer deaf clients to other agencies which service the deaf. This is particularly critical since the deaf person may be unaware of where to go for assistance. The majority of responding agencies (54/63 or 86%) replied "Yes" that they did make such referrals. Some (8%) said they had had no need to contact other agencies, since as yet, they had no deaf clients.

TABLE 20

Referral Of Deaf Clients To Other Agencies

Response	Percentage	N
Yes	86	54
No	8	5
Other	6	4

11. Specialized Training and/or Experience of Staff

Table 21 looks at the specialized training and experience of agency members working with deaf clients. Almost one-half of the agencies (48%) stated that social workers on staff worked with deaf clients. Close to a third of the agencies (32%) reported having either a clinical psychologist (19%) or other psychologist (13%) who worked with the deaf. This, however, does not imply that they are effective or skilled at working with deaf clients. Agencies also reported that they have psychiatrists (11%) and mental health nurses (16%) working with the deaf. Eighteen agencies (28%) reported having a career, rehabilitation or employment counselor to work with the deaf.

Only two categories in the questionnaire dealt with those trained specifically to work with the deaf: interpreter of the deaf and teacher of the hearing impaired. Six agencies (10%) reported utilizing staff trained as interpreters and two agencies (3%) reported using teachers of the hearing impaired from their existing staff.

12. Provision of Clinical Supervision

Table 22 delineates who provides agencies with clinical supervision. The majority (29%) noted that this form of supervision was either not required or not provided. These agencies were mostly in the educational and career/vocational/employment categories. The second largest grouping (25%) reported using a program coordinator for clinical supervision, followed by 16 percent who use a therapy supervisor. Five agencies (8%) reported using a consulting psychiatrist to provide clinical supervision. One agency reported using a "team module".

TABLE 21

Specialized Training/Experience Of Staff

Response	Percentage	N*
Social Worker	48	30
Clinical Psychologist	19	12
Mental Health Nurses	16	10
Other Psychologists	13	8
Psychiatrist	11	7
Career Counselor	10	6
Rehabilitation Counselor	10	6
Interpreter for the Deaf	8	5
Teacher of the Hearing Impaired	3	2
Pastoral Counselor	2	1
Counseling Module	2	1
No Answer	10	6

*Multiple Responses Possible

13. Testing and/or Assessment Done By The Agency

Table 23 looks at the testing/assessment done by the various responding agencies. The most available type of testing/assessment offered is in the vocational area (28/63 or 44%), followed closely by psychological testing (37%). Eighteen of the agencies reported that they do educational testing. Eleven

(17%) stated that they could do psychiatric assessment of deaf adults. Two of the agencies said they did alcohol and drug abuse testing.

TABLE 22

Provision Of Clinical Supervision

Title	Percentage	N
Not Required/Provided	29	18
Program Coordinator	25	16
Therapy Supervisor	16	10
Consulting Psychiatrist	8	5
Social Worker	6	4
Advisory Committee	0	0
Other:	16	10
Team Module		(1)
Executive Director		(1)
No Answer		(8)

C. Other Information

14. Use of Counseling, Guidance, Advice

As previously discussed in Chapter 2, Denmark et al. (1979) and Vernon (1971) have suggested that although agencies purport to provide counseling, there is often a question as to which method is actually taking place in the provision of services: that of counseling, guidance or advice. Respondents to the questionnaire were given definitions of the three procedures as supplied by Denmark et al. (1979, p. 56). It was decided that a description would be more effective in eliciting an accurate response than single-word "tags" in determining the type of approach being used with deaf clients.

TABLE 23

Testing/Assessment Done By Agencies

Type of Test	Percentage	N*
Vocational	44	28
Psychological	37	23
Educational	29	18
Psychiatric	17	11
Other:	14	9
None	(7)	(5)
Alcohol/drug abuse	(3)	(2)
Employment	(2)	(1)
Emotional assessment	(2)	(1)

*Multiple Responses Possible

Table 24 reports the respondent's view of what kind of definition best describes the service they provide. The majority of the responding agencies (62%), report using what Denmark defines as "guidance". A further 6% use "advice". Twenty-nine percent report that they provide what Denmark refers to as actual "counseling". Two mental health agencies reported that all three procedures might be used depending on the therapist and the situation.

TABLE 24

Procedure Used By Agency

Procedure	Percentage	N
Guidance	62	39
Counseling	29	18
Advice	6	4
Other	3	2

16. Future Changes In Serving The Needs of Deaf Adults

Table 25 looks at what respondents see as the most useful changes/additions required to facilitate better serving the counseling needs of deaf adults in Alberta. The vast majority of agencies (82%) felt that what was most needed was an up-to-date "directory of agencies" offering counseling services to the deaf. This corresponded with frequent respondents' comments about the need to know where to send deaf clients. It was reported orally by several agency representatives that the route to obtaining assistance was often circuitous and frustrating. It was also mentioned that assistance was sometimes given by an inappropriate agency as a result of not knowing where else to send the person in need.

The second greatest need (59%) was seen as the need to "provide greater availability of training (workshops, courses) for those working with the deaf: The greatest number of comments throughout the questionnaire related to the need for more personnel trained in the area of deafness and the need for more opportunities to get training in deafness. About a quarter of the agences (27%) supported the need for an accredited training program for counselors working with the deaf.

Another area of need was seen in relation to providing a central provincial health agency to act as an information and referral centre. Almost a third (30%) of the respondents felt this would be an important addition. Fourteen of the responding agencies (22%) felt the need for a central provincial health institution to provide specialized help for deaf clients.

A number of respondents added their own thoughts on how to improve present services. Several noted the need for increased public awareness of services available. Some suggested the need for more people trained to work with the deaf where mental problems were evident. It was suggested that there is a need for more advocacy for the deaf in the work place, especially in providing information about the deaf to employers. One respondent felt the need for "an educational institution with personnel capable of working with deaf people with emotional problems based on language deficiencies".

TABLE 25

Future Improvements In Serving Counseling Needs Of Deaf Adults

Future Improvements	Percentage	N*
An up-to-date directory of agencies offering counseling services to the deaf.	83	52
Greater availability of training (workshops, courses) for those working with the deaf.	59	37
An accredited training program for counselors working with the deaf.	27	17
A central provincial mental health agency which acts as an information and referral centre.	30	19
A central mental health institution which provides specialized help for deaf clients.	22	14
Other	16	10

*Multiple Responses Possible

D. Other Analysis

In an effort to look more closely at the data collected, a decision was made to study results as they related to "type of agency" (See Table 26). Agencies were grouped in the following five categories: mental health agencies, career/vocational/employment agencies, community support agencies, private training foundations and educational institutions. Two of the agencies (detailed questionnaire) did not appropriately fit under any of these categories and were not included in the analysis.

1. Mental Health Agencies

Based on the initial questionnaire, a total of 18 agencies (eg. Alberta Mental Health agencies and hospitals) said they supply counseling services to deaf clients and 44 said they do not. Of those sending back the more detailed questionnaire, the majority (8/11 or 73%) reported mainly seeing deaf adults aged 26 - 40. All of these responding agencies stated that they saw less than one deaf person per month.

None of the agencies reported employing a hearing impaired person. All but two (82%) stated that they rely mainly on reading and writing notes to communicate with deaf clients. Only one agency (in Edmonton) reported having staff skilled in sign language. Seven (64%) knew where to access interpreters.

Of the 11 responding mental health agencies, only one had a TDD. Two noted they use the government RITE operator if needed. Only three (23%) were aware of the Message Relay Centre and its function.

The majority (55%) reported using what Denmark defines as "counseling" in working with deaf clients. The remainder used "guidance".

It is also of interest to look briefly at replies to the short questionnaire wherein some mental health agencies stated that they "do not" supply counseling services to deaf adults. A total of 18 agencies out of 62 stated that they are willing to service mental health needs of deaf adults. While it is refreshing to see that services are available to the deaf, this situation is not entirely acceptable. This is particularly pertinent from the standpoint where one considers that Alberta Mental Health agencies are mandated to serve "all Albertans". While it is possible that those answering "No" were simply reticent of their lack of knowledge and skills in the area of the deaf, it would have been more appropriate for them to follow the lead of others who mentioned their mandate, with a qualification as to their lack of experience. None of those answering "No" suggested where deaf clients might go. It would be useful for Alberta Mental Health to give its centres some clear directions as to where to send deaf adults with mental health needs.

2. Career/Vocational/Employment Agencies

A total of 35 of these agencies (eg. Alberta Career Centre, Canada Manpower) said they would counsel deaf clients. Of the 26 who returned more detailed questionnaires, 13 agencies reported mostly seeing the 18 - 25 age group and 13 reported seeing the 26 - 40 age group. Six (46%) of the Alberta Career Centres reported seeing less than one deaf adult per month, two said they saw 6 - 10 per month and one saw 11 - 20 per month. Canada Employment Agencies reported that eight of their numbers (8/13 or 62%) saw less than one deaf client per month. One saw 6 - 10 and one agency in Calgary reported working with over 21. From these results it appears that, relative to other types of agencies, career and employment agencies are by far the busiest agencies in terms of counseling deaf adults.

In terms of employing hearing impaired staff, only one out of 13 Alberta Career Centres (8%) reported having such people, while 5/13 (38%) of the Canada Employment agencies had hearing impaired individuals working for them. Three (23%) of the Alberta Career agencies reported having staff skilled in sign language and all reported knowing where to access interpreters. Seven (54%) of the Canada Employment agencies said they have staff skilled in sign language, 69% reported they knew where to access interpreters. This category also reported having a relatively high number of TDD's (11/26 or 42%). In addition, three of the agencies noted that although they did not have a TDD, they could contact deaf adults via the provincial RITE government operator or its Federal counterpart. The majority (21/26 or 81%) reported using "guidance" to assist clients.

In analyzing those from the initial questionnaire who said they do not supply services, six Alberta Career Centres and eight Canada Employment Centres, for a total of 14, fell in this category. On a positive note, several of these noted their lack of personnel skilled in helping the deaf and made referral to affiliate branches in Edmonton which have staff specifically skilled with the deaf population. Some centres seemed, however, to be unclear as to their mandate and what to do if a deaf person required service.

3. Community Support Agencies

Included in this category were social service agencies (eg. Alberta, Jewish, Catholic Social Services, various family support agencies, churches and crisis centres such as AADAC). A total of 20 agencies under this category said they would supply counseling services to deaf adults.

Of those that filled out the longer questionnaire, the majority (75%) reported seeing deaf clients in the 26 - 40 age group. Interestingly, one reported mainly seeing clients over 65. Fifty-eight percent reported seeing less than one deaf adult per month. One agency reported seeing 6 - 10 per month.

None of these agencies reported having hearing impaired personnel or having staff skilled in sign language. Half of them (6/12) reported using written notes to communicate, while 11 out of 12 said they know where to access interpreters. The majority (75%) said they did not have a TDD. The same percentage of agencies stated that they were not aware of the Message Relay Centre. It was heartening to see that some agencies (3) in the larger cities have a TDD so that the deaf can contact them directly. One is a sexual assault centre. In terms of the most common procedure used to serve deaf clients, most (67%) reported using "guidance" with the remaining four using "counseling".

In briefly analyzing the "No" responses, 41 of 61 community support centres reported not offering counseling services to the deaf. Based on these figures, there appears to be a noticeable lack of family support services for the deaf. According to respondents' comments (particularly in rural areas), a key to this lack of services seems to be a lack of availability of interpreters. In addition, there is a question of whether agencies are aware of where to access interpreters, even if they are available.

4. Private Training Foundations

Private foundations involved in the training of deaf adults displayed some interesting results. Two of the five agencies deal with clients aged 18 - 25, two in the 26 - 40 bracket and one in the 41 - 65 bracket. In terms of the numbers served, two reported serving one client per month, one had five clients and two had 6 - 10 deaf clients. Although only one agency reported employing a hearing impaired person, all stated having staff skilled in the use of sign language, and all knew where to access outside interpreters. Two of the 5 had a TDD but surprisingly, none were aware of the Message Relay Centre. None reported depending on reading and writing notes as their main mode of communication. Three reported using "counseling" and two "guidance" as their main method of working with deaf clients.

5. Educational Institutions

The majority (4/6) of the responding educational facilities reported serving the 18 - 25 age bracket. The number of people serviced varied from less than one to 6 - 10. Only two smaller institutions (outside of Edmonton and Calgary) did not have hearing impaired staff. These same two smaller centres reported having no staff skilled in the use of sign language and reliance on notes as the main method of communication during counseling. All of the educational institutions reported knowing where to access interpreters. Four of the six reported having a TDD and knowing of the Message Relay Centre and its function. Four reported using "advice" as their main method of dealing with deaf clients; one reported using "guidance".

In analyzing "No" responses, only one responding college (in a rural centre) said that it does not offer counseling services to deaf clients.

TABLE 26

Types Of Agencies Providing Counseling Services Deaf To Clients

Type	Response	
	NO	YES
Mental Health	44	18
Career/Vocational/Employment	15	35
Family Support/Crisis Centre	41	20
Private Training Foundations	6	6
Educational Institutions	1	6
Other	14	10
TOTALS	121	95

E. Directory Findings

The final portion of the questionnaire elicited a total of 38 respondents who said they were willing to have their agency names listed in a directory. It should be noted that these are agencies whose representatives said they would be willing to counsel with deaf clients. The efficacy of such services would have to be determined by the individual person. In an effort to ensure further completeness of the listing, a number agencies (7) which are known for their counseling services but did not answer the survey questionnaires, were added. While the final list is by no means complete, it is deemed to be a representation of what is available in Alberta. The directory is reported in Appendix B.

Summary of Findings

It was found that the majority of agencies which supply counseling services to the deaf in Alberta are public agencies (73%). Although some of the agencies rely on private funding or a combination of public and private funding, the majority (71%) depend soley on government financial support, with 97% receiving some form of public assistance. The vast majority of agencies (92%) do not charge for services, although from comments, it is assumed that many are paid through Alberta Health Care.

The prevalent forms of counseling available are individual/personal counseling (65%), followed by career/vocational counseling (47%) and employment counseling (38%). Family counseling was offered by 31% and marriage counseling by 27% of the responding agencies.

The majority of the responding agencies service the 18-25 age group (38%) and the 26-40 age group (41%). Only a total of 7 agencies reported serving those 41 years of age and older. Mental health agencies reported seeing mostly the 26-40 age group (73%), career/vocational agencies were split evenly between the 18-25 and 26-40 age groups, family and community support services, the 26-40 age group and educational instititutions, the younger 18-25 age group. By far, most agencies (61%) reported seeing "less than one" deaf client a month. The second largest number commonly seen in a month was in the 6-10 category (10%), largely by career/vocational agencies, private training foundations and educational institutions.

Most of the respondents (79%) reported that they do not use a formal contract with clients. As well, the majority of the agencies see clients "as needed" rather than on a weekly basis or bi-monthly basis. Although 70% of the agencies said they would respond to crisis situations, 49% said that this was only during regular office hours. It was heartening to see that 13 agencies reported 24 hour crisis availability and that a number of these were family support, sexual assault and drug and detoxification centers.

The majority of the responding agencies who are willing to provide counseling services (81) do not employ hearing impaired staff. Educational institutions had proportionally the greatest percentage of hearing impaired staff (67%), followed by career/vocational/employment agencies (46%). Of the latter group, the majority of these were federal as opposed to provincial agencies. It was disconcerting to find that not one mental health or community support agency reported has a hearing impaired person on staff.

The majority of the agencies (57%) reported using written notes as their main form of communication. Eighty-two percent of mental health agencies reported relying on written notes to communicate, followed by career/vocational agencies (60%) and family and community support agencies (50%). Overall, 63% of the agencies said they do not have staff skilled in the use of sign language. The majority of these fell in the mental health, community support and career/vocational categories. Educational/training facilities took the lead in ensuring that appropriate communication was available to deaf clients. All of the private training foundations, and all but two of the educational institutions (both rural) reported having staff skilled in the use of sign language.

Although interpreters are not always the best solution to communicating with the deaf, they most certainly help to fill the gap where signing counselors are not available. Seventy-five percent of the agencies said they know where to access interpreters in Alberta and 63% that they actually use interpreters in dealings with the deaf. This leaves 25% who do not know where to get an interpreter when they need one.

A full 70% of the responding agencies do not have a TDD and 68% were totally unaware of the Message Relay Center. Agencies having TDD's of their own or knowing where to access one were mainly educational institutions and career/vocational agencies.

Although many of the responding agencies were attached to the federal or provincial government, few seemed to be aware of TDD communication that is available through special numbers posted by The Alberta Government or The Government of Canada. Mental health and community support agencies again were the guiltiest party with only 25% of the agencies having a TDD or knowing where to access one. Overall, about 50% of those agencies who were aware of the Message Relay Center and did not have their own TDD, said they made use of the service.

Agencies serving the public need to be aware of the various services available to special groups like the deaf. The majority of responding agencies (86%) noted that they do make referrals to other agencies.

Twenty-nine percent of the agencies noted that supervision was either not required or not provided. These agencies were mostly in the educational and career/vocational categories. Of those who did require supervision, this was mostly supplied by a program coordinator (25%) or a therapy supervisor (16%). It is interesting to note that no agencies used an advisory committee, this being the route used by AHH's now defunct counseling agency.

The majority of the responding agencies (62%) reported using what Denmark et al. (1979) refers to as guidance. Twenty-nine percent reported using counseling and only 6% said they used advice. The majority of mental health agencies reported using counseling (55%) and guidance (45%). Eighty-one percent of career oriented settings used guidance. Family support agencies reported using mostly guidance (67%) followed by 33% counseling. Private training foundations reported using counseling (3/5) and guidance (2/5). Educational institutions reported using mainly advice (67%) followed by guidance (16%).

In the eyes of agencies throughout Alberta, the greatest need seen (52/63 or 83%) was the necessity of having an up-to-date directory of agencies offering services to the deaf. A total of 37 out of the sample of 63 (59%) felt the need for greater availablility of training in the form of workshops or courses. This was seen as somewhat more important than the need for an accredited program for counselors working with the deaf (27%). Thirty percent of the agencies felt the need for a provincial mental health agency capable of acting as an information and referral center and 22% were in support of a central mental health institution capable of actually providing specialized help for the deaf.

CHAPTER 5

Discussion and Implications

Discussion of Results

This study was primarily carried out to determine the extent and make-up of counseling services available to deaf adults residing in Alberta. Overall, it was found that deaf adults do, in fact, have sources which they can access if they are in need of counseling. Results also suggest that while a variety of counseling services are available throughout the province, it is mainly the larger centres of Edmonton and Calgary with their greater concentrations of deaf people that have agencies specializing in services for the deaf. On the average, agencies in Edmonton, appear to have more services available and serve greater numbers of deaf clients than those in Calgary.

According to results, the most common types of counseling offered to deaf adults in Alberta are in the career, vocational, employment, and individual/personal areas. Although less common, family, marriage, educational, rehabilitative, and financial counseling are also available. The types of testing or assessment most available are in the vocational and psychological areas. Educational testing and psychiatric assessment were also reported as being available.

The vast majority of the responding agencies which offer counseling services appear to be public agencies which are funded by the federal and/or provincial governments. In the majority of cases (92%), there is no charge to clients for counseling services and where charges are made, government health care generally covers the cost. Such findings are indicative of the large part that the government plays in servicing the needs of select groups such as the deaf. They also suggest that the provincial and federal governments are actively supporting the provision of counseling services to the deaf in Alberta.

While it is apparent that counseling services are available, an important question to be asked is -- how adequate or appropriate are the services? Results of this study suggest that some Alberta agencies are far from being knowledgeable and skilled enough to "adequately" serve the counseling needs of deaf adults, particularly those depending on sign language to communicate. Even those that have specialized services for the deaf appear to have room for improvement when it comes to providing of counselors who are trained or accredited in working with the deaf.

When comparing agencies, educational and training institutions appear to be the most cognizant and supportive of the special needs of deaf adults in Alberta. This is reflected in the proportionately higher number of hearing impaired staff they employ, as well as by the greater numbers of on-site personnel ✓ skilled in sign language. Based on response from the survey, most of the postsecondary education centres providing specialized counseling services for deaf students, are located in Edmonton. Adult training centres which provide counseling, appear to be prevalent not only in Edmonton and Calgary but also in smaller centres, mainly south of Edmonton.

Several respondents from postsecondary educational institutions commented about the need for more coordination and information-sharing between facilities. One university respondent made the comment that the problem in Alberta is not so much one of supplying counseling or other support services. Rather, he reported:

> Our greatest concern in Alberta is that until the provincial or federal government come to the realization that special admittance considerations need to be given to the hearing impaired, few of these students will ever attend this or any other university in Alberta. They will have to travel out of the country to get their education.

As noted, for many years Canada and particularly Alberta have depended on the United States to provide postsecondary opportunities for deaf students. Gallaudet University in the United States, being fully aware of the language deficit, experiential lag and cultural differences of the deaf, has adopted admission requirements and asssistance which address their plight. As well, professionals at that school recognize that it is not enough for post-secondary institutions to merely accept the deaf into their programs. Without appropriate support services, these students could well be expected to drop out. Therefore, trained counselors, interpreters, tutors, and notetakers have been included. Student personnel specialists provide counseling and program planning. These individuals also provide inservicing and liason with faculty members.

When we look at Alberta universities, conditions are far from what exist at Gaullaudet, California State University at Northridge or other American centres. There is a critical need for more adequate educational opportunities and accompanying support services which deaf individuals require in order to further their education in Alberta.

In 1983, Rodda and Carver made a number of recommendations to improve conditions for hearing impaired students wishing to attend postsecondary facilities in Alberta. They noted the need for a centralized postsecondary institution which would "have responsibility for the oversight and counseling of all hearing impaired students in postsecondary institutions" (p. 144). The University of Alberta, with its training program for teachers of the hearing impaired, has made positive moves over the last decade to take on such a role. Another recent development at the university has been its designation by the federal government as one of three "centres for specialization on deafness". (Others are at St. Mary's University in Halifax and The University of Western Ontario in London.) The center in Edmonton has already established a "chair for deafness studies". Areas highlighted for research include "mental health and deafness", as well as, "deaf people and employment".

Although these developments are commendable, conditions are still far from desireable. For example, in 1988, The University of Alberta raised its general academic entrance requirements to a 70% average. Given that there is no special policy in place for accepting hearing impaired students (other than "mature students"), this can only continue to have detrimental effects on the ability of these students to gain entrance to the university.

Results of the study suggest that relative to other types of agencies, career, vocational, employment and rehabilitation type agencies were by far the busiest in terms of the number of deaf adults counseled. The study also found that the majority of vocationally oriented agencies appear to have staff who know where to access interpreters and who are relatively knowledgeable about the use of TDD's for communicating with the deaf. In comparison with others, these agencies also elicited the greatest number of comments outlining where to go for more specialized services, when respondents felt their own agency was inadequate. This suggests that communication between the various agencies in this area has been a recognized priority in the past.

One of the agencies most commonly referred to by those in northern Alberta was DECSA. It appears that both agencies and deaf people (Rodda & Carver, 1983) are becoming increasingly aware of the services that this centre offers. The establishment of centralized agencies such as DECSA, the Alberta Vocational Centres in Edmonton and Calgary, and Creative Employment Services in Calgary which supply specialized services to the deaf, is certainly a move in the right direction. Another positive move has been to employ workers who are deaf thus ensuring that at least some of the staff are knowledgeable about the difficulties faced by this population. However, it should also be remembered that at the present time, those who work with the deaf in such centres, tend to be "interpreters turned counselors". There appear to be few, if any, vocational counselors who have "accredited training" in the area of deafness.

Conditions for assistance in rural areas are in some cases, considerably less adequate than in Edmonton and Calgary. Responding agencies in rural areas reported having few hearing impaired individuals working for them. In this case, federal agencies were generally more apt to have hearing impaired staff than provincial facilities. Commenting on the availability of specialized services in rural areas, one respondent noted:

> Services for deaf clients in rural areas are limited, especially in vocational assessment. Resources to assist these clients are also limited. An agency/department able to provide information and field inservice for professionals would be of great benefit.

Another respondent reported that moves are being made to improve the situation:

> The capability of centres to provide service to deaf adults will probably always vary from office to office, particularly with respect to modes of communication available. Much of this has to do with the higher concentration of deaf people in urban areas. To combat this problem, Employment and Immigration Canada is presently developing a strategy for improved programming and services to the Employment Equity Designated Groups, of which the Disabled are one. The results will include, we hope, generally better access to appropriate services for the deaf.

One has to assume that better communication as well as more centralized services will be a part of the improvements being sought.

When comparing agencies, perhaps the most serious deficiencies were evident in the areas of mental health and community support facilities. Although results of the survey show a combined total of 38 mental health and community agencies which are willing to service the deaf adult's needs, virtually none of these appear to be capable of adequately communicating with deaf people who rely on sign language. The majority of mental health and community support agencies depend on written messages for communication. "None" of these agencies reported having any hearing impaired staff and only one mental health agency in Edmonton reported having a staff member conversant in sign language.

In the case of mental health facilties, Harris (1986) reminds us that the chances of improper and prolonged incarceration are heightened when professionals are unable to communicate effectively with those they are assisting. Given the high level of intimacy which is often necessary in dealing adequately with those who are emotionally troubled, it is highly questionnable that real understanding can be attained using only written notes. To suggest that this method of communication is adequate, except in the most minor interactions, is evidence of a certain naivete about the complex nature of deafness (Levine, 1981; Shiels, 1986).

Discussing psychiatric assessment, Gerber (1986) states that, "nothing is more essential ... than a knowledge of deafness and its consequences" (p. 90). He adds that it is also vital for professionals to know something about deaf communication, even when interpreters are utilized. This is because, "All too often, psychiatrists and other mental health professionals interpret in pathological terms what are essentially normal communication and social patterns for the deaf person under observation" (Gerber, 1986, pp. 90-91). One redeeming quality evidenced by these agencies was that 64% of the mental health agencies knew where to find interpreters. However, given the sensitive nature of involvement, this is one area where even skilled interpreters may not always be adequate or appropriate. Overall, it appears that the aforementioned agencies are not in a strong postion to adequately meet the needs of deaf individuals seeking help.

One major area of concern looked at by the study was whether or not the various agencies serving the counseling needs of the deaf were aware of specialized services being provided by other agencies. This included awareness of services such as interpreting and sources to facilitate TDD communication (eg. MRC), as well as the amount of networking being done. The survey found that the majority of responding agencies do know where to access interpreters (75%) and that many actually make use of them (63%). On the other hand, only 30% of the agencies reported that they have their own TDD or know where to access one. Only 32% of the responding agencies were aware of the Message Relay Center.

Mental health and community support agencies were found to be particularly lacking in knowledge, with only a quarter of the agencies reporting that they either have a TDD or knowledge of how to access one. Understandably, many of these agencies may never have a need to contact deaf clients. However, this level of ignorance, particularly in public agencies, is disconcerting. The one positive note is that a number of sexual assault and drug/detoxification agencies have their own TDD's. From added comments made by respondents, these same agencies are also making moves to ensure faster access to interpreters, should the need arise.

In terms of networking, the survey suggests that most agencies (86%) do make referrals to other agencies serving the deaf. However, respondents' comments and subsequent phone conversations with several government administrators suggest that these figures may not accurately reflect the "appropriateness" of such referrals. Several respondents noted that they often do not know where to send deaf clients, particularly those with emotional problems. Two administrators suggested that they had observed an overlapping of services by some government agencies, and as a result, considerable duplication. One individual went so far as to suggest the need for an overriding or central body to act as a "traffic cop" between agencies. This apparent confusion over where to send deaf clients is further demonstrated by the high percentage of respondents (83%) who highlighted the need for an up-to-date directory of agencies offering counseling services to the deaf throughout Alberta. Comments suggested that such a directory would be especially beneficial to those in rural areas who did not have the resources to assist deaf clients and might be at a loss as to where to send them, particularly in moments of crisis.

The relative use of counseling, guidance and advice was examined by asking agency representatives to select which of three definitions best described the procedure commonly used by their agency in providing service. The validity of the results are somewhat tenuous, however, since individual workers within the agency may not have concurred with their representative's selection. In addition, as one respondent noted "different therapists use different procedures with each situation". Overall, results were not surprising or out-of-the-ordinary.

The majority of vocationally oriented agencies (81%) reported using mainly "guidance" with clients. As noted, "guidance counseling" has long been the earmark of such facilities. "Guidance" was also the mainstay of community support agencies (eg. Social Services, crisis centres). This is understandable given that such places as sexual assault centers and detoxification centers may often have to be very specific and almost directive in the way they treat crisis situations. Educational institutions followed a historical support for "advice" as the main procedure used in dealing with clients. The majority of the responding mental health agencies (55%) reported using "counseling" as their main method of approaching clients, with the remainder using "guidance".

The present survey was intended not only to describe existing conditions in Alberta but also to give respondents an opportunity to highlight suggestions for future improvements. As noted, a consensus among all types of agencies was that there is a need for an up-to-date directory of agencies offering counseling services to the deaf population. A Guide to Services for Disabled Albertans from Alberta Social Services and Community Health is an information handout which the government presently disseminates. However, it's coverage is limited in its usefulness to deaf people since it does not designate those agencies specifically supplying services to the deaf (other than ones offering interpreting). It seems curious that a more comprehensive list does not exist. Vernon (1971) notes that the most important thing next to providing services is that of "communicating the existence of services" to interested parties. Comments on various questionnaires suggest a general lack of communication even between public agencies offering similar services. A directory delineating the various counseling and related services would go a long way towards solving this problem. Such a publication could also serve to highlight areas of deficit or overlap in existing services.

In addition to the need for a directory, other suggestions for future improvements were also supported to varying degrees. Fifty-nine percent of the agencies felt there was a need for greater availability of training. Since only 27% felt the need for an accredited training program for counselors working with the deaf, it appears that respondents are more interested in specific workshops or courses to build upon what they already know as opposed to being accredited in this specific area.

Although there was substantial overall support for both a central provincial mental health agency which could act as an information and referral center (30%) and a central mental health institution which could provide specialized help (22%), the very nature of these ideas suggests the need to look more closely at how mental health agencies, in particular, responded. The vast majority of mental health respondents (73%) voiced their support for establishing a central agency where they could turn for help and information. As well, 55% felt the need for a central institution which had the expertise to provide the specialized help needed to assist emotionally disturbed deaf adults. One respondent noted:

> Given that deafness is so specific, real efficiency of service may be impossible within the existing mental health system. Therefore, I'd have to say that a centralized service would make the most sense.

This suggestion is not a new one and in effect appears to have been the reason for much of the advancement in the areas of educational and vocational counseling. There is no reason to believe that a consolidation of talent and resources would not be beneficial to providing better mental health services.

This study was successful in highlighting a number of strengths and weaknesses in the delivery of counseling services to the deaf adult population. The information collected has serious implications. These will be discussed as they relate to the various agencies, to counselors dealing with the deaf, and to federal and provincial governments.

Implications for Postsecondary Education and Training Institutions

The present study came to the conclusion that the responding postsecondary institutions and training facilities in Alberta are generally taking a lead (relative to other agencies) in providing for the counseling needs of the deaf. In spite of this, however, conditions are still far from acceptable. Based on the response from the survey, more facilities need to make provisions for serving the special needs of deaf students who might wish to attend their institution. The southern part of the province in particular needs to have more programs and services in place which will attend to the needs of deaf students.

Based on respondent comments and the given fact that a small percentage of deaf students actually attend postsecondary institutions in Alberta (Rodda and Carver, 1983), moves must be made to formulate a policy which will either modify academic requirements or at the very least, provide a more effective method of assisting students to upgrade their qualifications. In an effort to solve this dilemna in Edmonton, Disabled Student Services at The University of Alberta, is currently (May, 1989) making attempts to coordinate a comprehensive program between the

University, Grant McEwan College and The Northern Alberta Institute of Technology. Their goal is to provide upgrading assistance and other services to hearing impaired students in an effort to ensure that more deaf Albertans have an opportunity to obtain a higher level of education and training within a Canadian setting. If successful, the program would serve as an example to postsecondary institutions in Alberta as well as other provinces. As one respondent noted, unless moves to accomodate the special needs of deaf Albertans are successful, the drain to Gallaudet University and other American institutions will inevitably continue.

The present study also highlighted the fact that many respondents supported the need for more courses and/or workshops pertaining to deafness. The University of Alberta is certainly capable of offering the special training which respondents feel is needed. Courses or workshops could perhaps be extended through special sessions offered in Lethbridge, Calgary or even rural centers. The University should also look closely at offering courses towards accrediting counselors who wish to work with the deaf. Although the demand expressed for an accredited program for counselors was not high, enough support was registered to suggest that the matter should be addressed. Undoubtedly, the Western Centre for Specialization on Deafness in Edmonton could also play a major role in sponsoring conferences and workshops, and in disseminating information.

Implications for Career, Vocational, Employment and Rehabilitation Agencies

Although, one has to be positive about the direction of the assistance which the deaf are being given in the area of vocational needs, Alberta is still far from offering the services and expertise reported to exist in vocational rehabilitation centers in the United States. Given the present situation, services in Alberta appear to be much like what Bolton (1971) described as existing in the early to middle 1970's in the United States. At that time, vocational rehabilitation centres resembled "employment agencies". While there is certainly a place for such services, the needs of many deaf adults cannot adequately be met in this manner.

A comprehensive vocational evaluation such as that described by Shiels (1986) should be available to the deaf in Alberta. A vocational rehabilitative center, particularly in Edmonton (given its higher deaf population) and in Calgary as well, would go far in addressing the serious unemployment problem among the deaf identified by Rodda and Carver in 1983. With the proper funding, up-grading of skills and direction from qualified professionals, DECSA would certainly be a candidate for such a designation.

Each vocational rehabilitation centre should have counselors, psychologists, and other professionals who are knowledgeable about deafness and are skilled in communicating with the deaf. The centre should work closely with residential schools for the deaf, social and professional associations for the deaf, provincial and federal vocational agencies, and hospital mental health facilities. Finally, the centre should play a major role in disseminating information and providing assistance to agencies throughout rural Alberta.

As suggested by the survey, vocational/career/employment agencies were comparatively knowledgeable about where to access interpreters and TDD's. Some, paticularly in northern Alberta, were also aware of where to send deaf clients when they themselves were unable to provide adequate service. In spite of these positive findings, however, there is room for improvement. Comments from respondents suggest that rural agencies are sometimes at a loss as to what to do or where to turn when confronted with deaf clients. The suggestion of one respondent to have larger specializing agencies offer workshops on how to deal with deaf clients is noteworthy. As well, the existence of specializing agencies like CrES, DECSA and others needs to be continually advertised to those providing related services throughout the province. Only then will less well equipped rural centres and others be able to access their expertise.

Implications for Mental Health and Community Support Agencies

The survey suggested the existence of a number of gaps and weaknesses in the delivery of mental health and community support services to deaf adults residing in Alberta. These apparent deficiencies have some serious implications.

To begin with, Alberta appears to need more community support agencies which are capable of addressing the special needs of the deaf. At least one centre in Edmonton and Calgary should have designated staff who are skilled in meeting their needs. If it is not possible to have on-site interpreters, arrangements should be made with interpreting agencies so that such people can be accessed, especially in times of emergency. These kinds of services are imperative for deaf families, especially when we consider the harsh economic realities which Albertans have been going through and the problems and stresses which accompany times of high unemployment.

The apparent lack of mental health facilities needed to "appropriately" take care of the special needs of emotionally ill deaf adults is equally disturbing. Neither of the two responding hospitals and only one mental health clinic reported having personnel who used anything other than handwriting for communication with deaf clients. This highlights a need for more workers who are skilled in this area. Optimally, more of the staff coming in contact with the deaf in these settings should be hearing impaired. If trained hearing impaired individuals are not available, then designated professionals should be chosen who have more than a basic knowledge of deafness and above average sign language skills. Given the present lack of counselors skilled in communication with deaf people, agency representatives need to give more priority to upgrading the skills of those presently in the field. Procurement of skilled personnel from other provinces or countries may be necessary in the initial stages of developing more adequate services if skilled workers are not available in

Alberta. Until on-site skilled personnel are more available, mental health agencies should ensure that they have an effective means of readily accessing skilled interpreters.

One way of dealing with the shortage in skilled personnel is to centralize services. The government should ensure that there is at least one mental health agency or institution in Edmonton and Calgary where the necessary skilled staff could be centered. As Schein (1980) suggested, a designated center should provide both in-patient and out-patient services as well as ongoing contact with the deaf community. Harris (1981) remarked that besides providing a concentration of skilled workers, this would also benefit patients in terms of ensuring that there would be increased opportunities for social contact with other sign language users. TDD's at each of the locations and proper advertising to related federal and provincial agencies in the province as well as to the deaf community, would ensure that clients found their way to the correct agency for specialized assistance. Given the difficult start-up transition exhibited by AHH's pilot project, a designated agency should have government funding for at least 3 years to ensure that both the clarity of its mission and the trust of the deaf community is solidly established in terms of reliability and confidentiality.

One respondent from the survey gave evidence that moves are being made to rectify the lack of services in the mental health area. This individual was a representative psychiatrist from an Alberta hospital. In correspondence subsequent to the questionnaire, the doctor noted that he and others were in the process of "investigating whether or not there is a need for specialized psychiatric services for the deaf in Alberta". Given that this was designated as part of a project to determine long-term needs in the development of clinical services, it is hoped that some of the aforementioned suggestions for improvement will be forthcoming in the near future.

Implications for Counselors

The survey suggested that, overall, counselors in Alberta who service the counseling needs of the deaf appear to be woefully inadequate in their ability to communicate and work with deaf clients who use sign language. This is particularly the case in mental health and community support agencies. On a more positive note, however, many respondents expressed a strong desire to know more. Although educational institutions will need to have a central role in providing this knowledge and training, much can be done by counselors themselves. Counselors need to be proactive in ensuring that they attend workshops and obtain the necessary training and understanding needed to work with deaf clients. The sharing of information through workshops sponsored by centres already specializing in working with deaf clients would go a long way towards educating those in similar fields. If resources are not available through such agencies or through universities within Alberta, then counselors should be willing to travel to other provinces or countries to obtain the accredited training they require.

Implications for Provincial and Federal Governments

Governments are not only expected to supply a consistent source of funding for establishing and maintaining programs, they are also expected to provide direction. In 1971, Vernon discussed the American government's move towards a decentralization of all kinds of services. Although he admitted that as a general policy this approach had merit, Vernon contended that "for small groups such as deaf people, it is impossible at state and regional levels to even begin to provide basic programs of services and professional training" (p. 39). He added that programs such as Gallaudet College, the University of Arizona's Rehabilitation Counseling graduate program, and New York University's Deafness Research and Training Center would never have come about under a decentralized administration. "Their future and the entire future of counseling services in the area of deafness are jeopardized by decentralization" (Vernon, 1971, p. 39).

A similar scenerio of decentralization appears to be playing itself out in Alberta. Study results suggest that this is a questionable path to follow. Results of the survey showed that most agencies in Alberta (61%) reported seeing less than one deaf client per month. Comments also suggested seasonal fluctuations in numbers. These factors make it virtually impossible for every agency to have workers with expertise in deafness. The only viable answer is to have a centralized service, whose existence is satisfactorally advertised to agencies throughout Alberta.

Another area which governments must address is the apparent lack of communication between agencies. The government must adequately advertise what specialized services exist in the province. Vernon (1971) notes it is not uncommon that even when services are in place, deaf people are often unaware of them. As well, teachers, clergymen, and even counselors may also be oblivious to what services are available. Advertising the existence of the programs and services available in Alberta should be a priority of governments. The survey highlighted the need for public and private agencies throughout Alberta to be more aware of the availability of TDD services. Respondent comments also suggested gaps in and overlap of services. An up-to-date directory listing agencies servicing the counseling needs of the deaf is one way of overcoming these "communication" problems. This could prove to be of great benefit not only to agencies which are unsure as to where to send deaf clients but also to deaf people who are in need of counseling and do not know where to turn for help.

Nurturing a positive, informed attitude often plays a big part in the struggle for attaining services of any kind. The study showed that certain respondents, particularly those representing vocational agencies, were most often willing to make an attempt at providing counseling. While the adequacy of staff skills in these agencies may be questioned, more importantly, a positive attitude is predominantly in place. This same kind of attitude is something which needs to be nurtured throughout the province and Canada as a whole.

Over the last twenty years, giant strides have been made in the initial steps of developing service facilities. The task of advertising the availability of these services has only begun. The eventual unconditional acceptance of the deaf by Canadian society must also not be left unsupported. Only a consistent, positive, informed attitude on the part of government leaders and agency representatives will have the power to change our society's attitude.

Limitations of the Study

Investigations based on surveys are fraught with their own set of unique limitations. Initially every effort was made to make the sample as comprehensive as possible. It is possible, however, that some agencies were missed, particularly if they involve single professionals working on a part-time basis or service-group participants giving time and expertise on an ad-hoc or crisis basis.

It is assumed that respondents filled out the questionnaires honestly and accurately. In some cases, however, especially in larger agencies, respondents may not have been totally aware of the existence of personnel with special skills or knowledge. There is also a possiblity that the respondent's answers may not have been totally representative of the conditions within the agency.

The results of a survey are also naturally limited by the number of returned questionnaires. Although the overall number of responses in this survey appeared to be representative, small sample returns from some types of agencies (eg. training centres, hospitals) suggest that there may be some problems with the reliability of conclusions made in relation to their services.

Although the majority of the questions in the survey addressed the goals of the survey, one question could have delved deeper than it did. Question #20 dealt with the specialized training/experience of those working with the deaf. A possible extension of this question would have been to ask what training/experience personnel had in working specifically with the deaf (eg. workshops, courses, certified training to work with the deaf). As it was, only 2 choices, teacher of the hearing impaired and interpreter, were specific in relation to asking about knowledge/skills pertaining to the deaf. Further questioning would have helped in narrowing down any strengths or inadequacies staff had in their ability to effectively serve the deaf.

One final concern is whether or not the survey accurately measured a difference in procedure used by the various agencies (advice, guidance, or counseling). As already noted, different professionals may use any number or combination of procedures within a given session. One has to question just how accurately the responding representative was able to summarize the approach mainly used by personnel within the agency. On a positive note, the fact that no unusual findings were discovered at least lends some credence to the possiblity that the survey was relatively accurate. Procedures reportedly used, were for the most part, a reaffirmation that certain types of activities (eg. vocational counseling) continue to be associated with specific procedures (eg. guidance).

Suggestions for Further Research

Research which relates to the conditions of the deaf in Canada and Alberta is virtually non-existent, particularly in the area of counseling. Therefore, the present study has only scratched the surface of a vast array of research which must be tackled in order to better understand what the deaf face in this country.

Pursuant to this study, more comprehensive research should be directed at determining the number of counselors in Alberta who are capable of providing for the needs of the deaf. Research should determine what specific knowledge and training these counseling professionals have which lends itself to working with the deaf. Further investigation needs to be directed at the deaf community as well. All to often, establishment of services is based on what agency administrators "think" that the deaf need. More research should be done in relation to what the deaf people in Alberta see as needful to help them meet lifes' challenges and stresses. One topic which could be addressed is how deaf students rate counseling and other support services at the various postsecondary educational institutions in Alberta. Are they satisfied with services? What ideas for improvement do they have?

What are the relative financial costs of developing adequate services in Alberta as opposed to supporting deaf students while they attend facilities outside of Alberta or Canada?

A survey of mental health facilities similar to that carried out in New York would also be beneficial. Researchers need to address the question of whether we have deaf individuals in mental health facilities who have been misdiagnosed and are lanquishing untreated. Do Alberta mental health facilities have a high proportion of deaf in-patients? How many are being seen as out-patients? What is being done to rehabilitate patients? Research should also be directed at what therapies are being used with success in Alberta and Canada. Results should be reported and discussed in journals for others to share.

Research might also be directed at how successful career, vocational, and employment agencies in Alberta are at assisting deaf clients find appropriate careers and subsequent steady, satisfying employment? Are counselors directing the deaf into occupations appropriate to each individuals' strengths and weaknesses or are they stereotyping and therefore limiting choices?

Within Alberta, and Canada, a long overdue need has been to carry out a comprehensive census of hearing impaired individuals and their families. Demographics should include not only information relating to hearing loss, etiology and so forth, but should also focus on educational, vocational, psychological, and other data. Such information could assist greatly in ensuring that decision-makers are more informed and hopefully better prepared to address the needs of the deaf in this country.

Concluding Statement

Counseling services to the deaf appear to be in an embryonic state in Alberta. While it is heartening to know that Alberta has agencies which are willing to provide for the counseling needs of deaf adults, the province has far to go before it achieves the availability and calibre of services in the United States. In contrast to the general population, the deaf in Alberta do not appear to have the counseling services they require to adequately deal with their special needs. It is difficult to find counselors who are knowledgeable about deafness and who are skilled in communicating with the deaf. Specialized services are seldom available except in Calgary and Edmonton. Greater provision of services by more adequately trained workers would go far in helping the deaf deal with the unique educational, vocational and mental health concerns which they face. In addition, greater coordination between service suppliers would allow agencies to deal more effectively with remediation and treatment and perhaps even with the prevention of conditions which can cause problems. Higher levels of community involvement would result in a better educated and hopefully, a more understanding public.

The speed with which necessary improvements are implemented in Alberta will depend on the efforts of some specific groups of people. Leadership and direction needs to be provided by professionals such as those involved at The Western Centre on

Specialization in Deafness. The University of Alberta and agencies specializing in services to the deaf need to take a lead in providing the courses and workshops required to better prepare counseling professionals who currently work with the deaf or plan to do so in the future. If progress is to be made, it will also necessitate ongoing pressure from deaf advocate groups and those who support the cause of providing improved counseling services to those with special needs. Finally it will require consistent financial backing and political support from the provincial and federal governments to ensure that agencies are not only willing but are also capable of providing the kind of counseling services that deaf people need and have a right to receive.

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APPENDIX A

LETTERS AND QUESTIONNAIRES

First letter to selected sample

First (short) questionnaire

Second letter to selected sample

Second (more detailed) questionnaire

University of Alberta
Edmonton
Canada T6G 2G5

**Western Canadian Centre
of Specialization in Deafness**
Department of Educational Psychology

6-102 Education North
Telephone (403) 432-5213 TDD/Voice
(403) 432-4558 (TDD)

June 1, 1988

Dear Sir or Madam:

I am presently involved in a research study at the University of Alberta. This study, which is being done under the supervision of Dr. Michael Rodda, is investigating the extent to which "counselling services" of various forms are being provided in Alberta to deaf adults, 18 years and older.

According to the Alberta Social Resources Inventory and other sources, your agency provides counselling to adults. I would appreciate it if you would help with my research by answering a few questions relating to your services to "deaf" adults.

If possible, please return the attached questionnaire in the enclosed self-addressed stamped envelope by June 10.

Thank you very much for your help and concern.

Yours truly.

R. Gordon Galusha
5126 - 14A. Avenue
Edmonton, Alberta
T6L 2A3

RGG:eah

STUDY OF COUNSELLING SERVICES FOR DEAF ADULTS IN ALBERTA

Please circle the number(s) to the right of the appropriate response(s):

1. Does your agency supply counselling services to deaf adults?

Yes	1
No	2

2. a) If you answered No, please stop here and return the questionnaire in the envelope provided.

   b) If you answered Yes, what kind(s) of service(s) do you provide?

Individual/personal counselling	1
Group therapy	2
Family counselling	3
Marriage counselling	4
Career/Vocational counselling	5
Rehabilitative counselling	6
Educational counselling	7
Financial counselling	8
Legal counselling	9
Other, please specify	10

____

3. Would you be willing to spend 15 minutes in answering a more detailed questionnaire?

Yes	1
No	2

4. If so, please give the name, position and address of the person to whom the questionnaire should be mailed.

Agency: ______________________________

Name/Position: ______________________________

Address: ______________________________

City/Postal Code: ______________________________

Thank you again for your time and assistance:

R. Gordon Galusha
5126 - 14A Avenue
Edmonton, Alberta
T6L 2A3

University of Alberta
Edmonton

Western Canadian Centre
of Specialization in Deafness
Department of Educational Psychology

Canada T6G 2G5

6-102 Education North
Telephone (403) 432-5213 TDD/Voice
(403) 432-4558 (TDD)

June 17, 1988

Dear Sir or Madam:

Several weeks ago you received a letter asking for your cooperation in filling out a questionnaire which will research the extent and make-up of counseling services being offered to deaf adults in Alberta. Your prompt reply and agreement to assist me are greatly appreciated.

The enclosed questionnaire should take no more than 15 minutes to answer. I would appreciate it if you could complete all questions and return your response in the self-addressed, stamped envelope by June 28, 1988.

Thank you very much for your assistance and cooperation.

Yours truly,

R. Gordon Galusha
5126 - 14 A. Avenue
Edmonton, Alberta
T6L 2A3

RGG:dlg

STUDY OF COUNSELING SERVICES FOR DEAF ADULTS IN ALBERTA

Information Concerning The Questionnaire

1. Your earlier reply states that the agency you represent provides some form of counseling services to deaf adults. The input you supply in answering this questionnaire will be valuable in determining the part these services play in relation to other agencies in Alberta.

2. For the sake of consistency, "deaf" and "adult" are defined as follows: a) "Deaf" refers to a condition whereby the person is unable to effectively communicate through the use of speech. Those who are deaf may depend on either written expression or on some form of sign language or gestures to communicate. b) "Adult" refers to those who are 18 years of age or older, and who no longer attend public school.

3. Please be as frank and honest as possible in selecting your responses. Please complete all items.

4. The questionnaire should take about 15 minutes to complete.

5. Responses will be kept strictly confidential. Coding is merely for the sake of grouping types of responses.

6. Please return the completed questionnaire in the enclosed self-addressed stamped envelope.

7. Thank you again for your assistance.

R. Gordon Galusha
5126 14 A. Avenue
Edmonton, Alberta
T6L 2A3

QUESTIONNAIRE

STUDY OF COUNSELING SERVICES FOR DEAF ADULTS IN ALBERTA

Please answer all questions by circling the number(s) to the right of the most appropriate response(s) or by providing a written answer where required.

SECTION A

1. Position of person filling out this form:

____

2. What kind of agency are you?
Public 1
Private 2
Other, specify 3

____

3. Where do you provide services?
Locally 1
Provincially 2
Other, specify 3

____

4. What is/are your funding source(s)?
Government 1
Private 2
Government & Private 3
Fee for services 4
Other specify 5

____

____

5. Of the following, which type(s) of counseling does your agency offer to deaf adults?

Individual/personal counseling 1
Group therapy 2
Family counseling 3
Marriage counseling 4
Career/vocational counseling 5
Employment counseling 6
Rehabilitative counseling 7
Educational counseling 8
Financial counseling 9
Legal counseling 10
Other, specify 11

____

____

6. Of the deaf adults you serve, which age group do you "mostly" service?

18 - 25 years 1
26 - 40 2
41 - 65 3
65 & up 4

7. What is the average number of deaf clients you serve in a month?

Less than 1 1
1 2
2 3
3 4
4 5
5 6
6-10 7
11-20 8
over 21 9

8. Do you normally operate using a formal contract with the client?

Yes	1
No	2

9. How frequently do you normally see your clients?

As needed	1
Weekly	2
Bi-weekly	3
Bi-monthly	4
Other, specify	5

10. Do you respond to crisis situations?

Yes, during office hours	1
Yes, 24 hours	2
No	3
Other, specify	4

11. a) Do you charge for your services?

Yes....................	1
No.....................	2
Other, specify.........	3

b) If Yes, please note the amount and criteria (eg. based on income of client).

12. a) Do you employ hearing impaired (deaf or hard-of-hearing) personnel?

Yes....................1
No.....................2
Other, specify.........3

____
____

b) If Yes, please specify how many?____________________

13. Do you rely on reading and writing notes as the main form of communication with deaf clients?

Yes 1
No 2
Other, specify 3

____

14. Is anyone on your staff skilled in the use of deaf sign language?

Yes 1
No 2
Other, specify 3

____

15. Do you make use of interpreters?

Yes 1
No 2
Other, specify 3

____
____

16. Do you know where to access interpreters if they are required?

Yes 1
No 2
Other, specify 3

____
____

17. Do you have a TDD (Telecommunication Device for the Deaf)?

Yes 1
No 2
Other, specify 3

____

18. a) Are you aware of the Message Relay Centre and its purpose?

Yes 1
No 2

b) If Yes, do you make use of the Message Relay Centre for contacting deaf clients?

Yes 1
No 2
Other, specify 3

____
____

19. Do you refer deaf clients to other agencies which service the deaf?

Yes 1
No 2
Other, specify 3

____
____

20. Of those on your staff who work directly with deaf clients, what specialized training/experience do they possess?

Interpreter of the deaf 1
Teacher of the hearing impaired 2
Clinical Psychologist 3
Other Psychologists 4
Psychiatrist 5
Social Worker 6
Other, specify 7

____

____

21. Who provides clinical supervision?

Program coordinator 1
Therapy supervisor 2
Consulting psychiatrist 3
Advisory committee 4
Social worker 5
Not required/provided................. 6
Other, specify 7

____

22. Please specify what testing/assessment you do?

Educational 1
Vocational 2
Psychological 3
Psychiatric 4
Other, specify 5

____

____

23. Which one of the following procedures does your agency "mainly" use?

A process whereby the person is gradually helped to understand a problem/situation and what it means to himself and others. 1

A process whereby the person is given a number of options and through discussion comes to decide on certain modes of action. 2

A process whereby the person is given a directive form of help. 3

24. Which of the following would you like to see in serving the counseling needs of deaf adults in Alberta?

A central provincial mental health institution which provides specialized help for deaf clients. 1

A central provincial mental health agency which acts as an information and referral centre. 2

Greater availability of training (workshops, courses) for those working with the deaf. 3

An accredited training program for counselors working with the deaf. 4

An up-to-date directory of agencies offering counseling services to the deaf. 5

Other, please specify 6

25. Please add any further comments.

SECTION D

26. I am endeavoring to compile a directory that will include public and private agencies which provide counseling services to deaf adults. If you would like to be included in this directory, please fill out the following information:

Name of Agency: ____________________

Address: ____________________

Postal Code ____________________

Contact Person: ____________________

Telephone:
a) Voice ____________________
b) TDD ____________________

Hours of Operation: ____________________

Client Group: ____________________

Services Provided: ____________________

APPENDIX B

DIRECTORY OF COUNSELING SERVICES AVAILABLE TO DEAF ADULTS IN ALBERTA

DIRECTORY

OF COUNSELING SERVICES

AVAILABLE TO DEAF ADULTS

IN ALBERTA

1989

Compiled by:

Gordon Galusha

FOREWORD

This directory is intended for use by deaf adults and agencies which service the needs of the deaf in Alberta.

The information for this directory was compiled mainly from information submitted by agency representatives responding to a survey of Alberta agencies who stated they were willing to provide "counseling services" to deaf adults. Some of these agencies do not normally use or have access to interpreters or staff skilled in sign language. If the user requires sign language to communicate, he/she should check the directory to see if the agency in his/her area provides such services.

Inclusion of agencies in this directory is suggestive of agency willingness to provide service and is not intended to show endorsement of method or quality of service. This should not be considered to be a complete listing.

TDD COMMUNICATION

MESSAGE RELAY CENTRE (MRC)

Edmonton	Outside Edmonton
TDD: 451-6366	TDD: 1-800-855-1155
Voice: 451-6369	Voice: 1-800-855-1166

GOVERNMENT NUMBERS

Alberta Government Operator	Federal Government Operator
TDD: 427-9999	TDD: 495-4161 (within Alberta)

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AADAC, Renfrew Recovery Center, Calgary 1

AACAC, Calgary 2

Alberta Career Centre, Edmonton 3

Alberta Career Centre, Lethbridge 4

Alberta Career Centre, Medicine Hat 5

Alberta Career Centre, Red Deer 6

Alberta Career Development and Employment, Bonnyville 7

Alberta Career Development and Employment, Hinton 8

Alberta Career Development and Employment, Grande Prairie 9

Alberta College, Edmonton 10

Alberta Mental Health, Cochrane 11

Alberta Mental Health Services, Camrose 12

Alberta Mental Health Services, Edmonton 13

Alberta Mental Health, Innisfail 14

Alberta Mental Health Services, Lloydminster 15

Better Way, Red Deer 16

Calgary Sexual Assault Centre 17

Canada Employment Centre, Edmonton 18

Canada Employment Centre, High Prairie 19

Canada Employment Centre, Lethbridge 20

Canada Employment Centre, Red Deer 21

Creative Employment Services (CrES), Calgary 22

Cross of Christ Lutheran Church of the Deaf, Edmonton 23

Deaf and Hard of Hearing Services, Calgary 24

Distinctive Employment Counseling Services of Alberta, DECSA 25

Edmonton Career Development Centre,

Department of Career Development and Employment 26

Employment Development Services, Edmonton 27

Employment and Immigration Canada, Alberta/NWT, Edmonton 28

Employment Placement and Support Services, Red Deer 29

Grant MacEwan Community College, Edmonton 30

Fairview College, Fairview 31

Family & Community Support Services, Barons-Eureka-Warner 32

Gironella, Dr. Oliva, Certified Psychologist, Edmonton 33

Horizons Training Centre Society, Wetaskiwin 34

Jewish Family Services, Edmonton 35

McLaughlin Psychological Services for the Hearing Impaired, Edm . 36

Native Counselling Services of Alberta, Edmonton 37

One Hundred and Ten Vocational Training Centre, Vegreville 38

Northern Alberta Institute of Technology (NAIT), Edmonton 39

Pastoral Institute of Edmonton 40

Pax Natura Society For Rehabilitation of the Deaf, Edmonton 41

REDI Enterprises, Medicine Hat 42

Sexual Assault Centre of Edmonton 43

St. Mark's Catholic Deaf Community, Edmonton 44

University of Alberta, Department of Educational Psychology 45

University of Alberta, Disabled Student Services 46

ALBERTA ALCOHOLISM AND DRUG ABUSE COMMISSION
AADAC, RENFREW RECOVERY CENTER
CALGARY

ADDRESS:	1611 Remington Road, N.E. Calgary T2E 5K6
TELEPHONE:	a) Voice 276-8946 (24 hours) b) TDD MRC
CONTACT PERSON:	Intake person
HOURS OF OPERATION:	24 hours/day
CLIENT GROUP:	Any person with an alcohol or other drug addiction, 14 years old and up
SERVICES PROVIDED:	
1. General Description	- detoxification - safe withdrawl - information program - referral to rehabilitation programs - 30-bed in-patient facility
2. Counseling	short term individual crisis counseling with addiction problems
3. Testing/Assessment	addiction related
4. Cost	none
5. Communication	use interpreters from outside agency

ALBERTA ALCOHOLISM AND DRUG ABUSE COMMISSION
AADAC, CALGARY

ADDRESS:	1177 - 11 Avenue SW Calgary T2R 0G5	
TELEPHONE:	a) Voice	297-3071
	b) TDD	MRC
CONTACT PERSON:	Corlis Burk	
HOURS OF OPERATION:	Mon, Thur, Fri	8:15 am - 4:30 pm
	Tues & Wed	8:15 am - 9:00 pm
	Crisis:	office hours only
CLIENT GROUP:	Varied ages	
SERVICES PROVIDED:		
1. General Description	- assessment and treatment of those with chemical substance abuse - educational program for persons convicted of impaired driving	
2. Counseling	- individual/personal - group therapy - family, marriage - rehabilitative	
3. Testing/Assessment	psychological	
4. Cost	no charge	
5. Communication:	agency uses interpreter from outside agency	

ALBERTA CAREER CENTRE
EDMONTON

ADDRESS:
10050-112 Street
Edmonton, Alberta
T5K 2R4

TELEPHONE:
a) phone 427-3722
b) TDD 422-4263

CONTACT PERSON: Dana Roman

HOURS OF OPERATION: Monday to Friday 8:15-4:40

CLIENT GROUP: adults

SERVICES PROVIDED:

1. General Description
   - career information and planning
   - funding information and assistance pertaining to further education and training through VRDP (Vocational Rehabilitation of Disabled Persons)
   - labour market information
   - job search assistance

2. Counseling
   - career/vocational
   - personal
   - financial
   - rehabilitative (in a vocational sense)

3. Testing/Assessment: none

4. Cost: none

5. Communication: member of staff skilled in signing

ALBERTA CAREER CENTRE
LETHBRIDGE

ADDRESS:	#400 Professional Building 740 - 4th Avenue, South Lethbridge T1J 4C7
TELEPHONE:	a) Voice 381-5444 b) TDD Provincial Government Operator or MRC
CONTACT PERSON:	Mary Huddle
HOURS OF OPERATION:	Mon - Fri 8:15 am - 4:30 pm Crisis: office hours only
CLIENT GROUP:	Adults
SERVICES PROVIDED:	
1. General Description	- vocational rehabilitative services for the disabled - wide range of services to assist Albertans in their personal career development - financial assistance programs for those requiring further education or training - maintains career library
2. Counseling	- career/vocational - employment - educational - financial
3. Testing/Assessment	educational, vocational
4. Cost	no charge
5. Communication	agency uses interpreter from outside agency

ALBERTA CAREER CENTRE
MEDICINE HAT

ADDRESS:	302 Provincial Building 770 - 6th Street SW Medicine Hat T1A 4J6
TELEPHONE:	a) Voice 529-3683 b) TDD Provincial Government Operator or MRC
CONTACT PERSON:	Joanne Opheim, Career Planning Counselor
HOURS OF OPERATION:	Mon - Fri 8:15 am - 4:30 pm
CLIENT GROUP:	Adults
SERVICES PROVIDED:	
1. General description	- assistance with institutional and on-the-job training - assists in all aspects of personal career development
2. Counseling	- career/vocational - employment - educational
3. Testing/Assessment	educational, career
4. Cost	no charge
5. Communication	must rely on reading and writing to communicate, agency does not make use of interpreters at present time

ALBERTA CAREER CENTRE
RED DEER

ADDRESS: 303, 4920 - 51 Street
Red Deer T4N 6K8

TELEPHONE:
a) Voice Career Info Hotline, Zenith 22140, 340-5353
b) TDD Provincial Government Operator or MRC

CONTACT PERSON: J. Miller or S. Patton

HOURS OF OPERATION: Mon - Fri 8:15 am - 4:30 pm

CLIENT GROUP: Adults

SERVICES PROVIDED:

1. General Description
   - broad range of individual and group programs focused on career planning and job search
2. Counseling
   - career/vocational
   - employment
   - rehabilitative
   - educational
   - financial (as related to educational advancement)
3. Testing/ Assessment
   vocational, psychological and psychiatric referred to outside agencies
4. Cost
   no charge
5. Communication
   uses interpreter from outside agency

ALBERTA CAREER DEVELOPMENT AND EMPLOYMENT
BONNYVILLE

ADDRESS: Box 8115
Bonnyville T9N 2J4

TELEPHONE: a) Voice 826-4175 or 594-7556
b) TDD Provincial Government Operator or MRC

CONTACT PERSON: Don Marshall

HOURS OF OPERATION: Mon - Fri 8:15 am - 4:30 pm

CLIENT GROUP: Adults seeking career changes, work site adjustment, or educational alternatives

SERVICES PROVIDED:

1. General description: all aspects of finding and maintaining suitable employment
2. Counseling:
   - career/vocational
   - employment
   - rehabilitative
   - educational
   - financial
3. Testing/Assessment:
   - educational
   - vocational
4. Cost: no charge
5. Communication: agency uses interpreters from outside agency

ALBERTA CAREER DEVELOPMENT AND EMPLOYMENT
HINTON

ADDRESS: P.O. Box 1850
Hinton T0E 1B0

TELEPHONE: a) Voice 865-8293
b) TDD Provincial Government Operator or MRC

CONTACT PERSON: William Sartorius

HOURS OF OPERATION: Mon - Fri 8:15 am - 4:30 pm

CLIENT GROUP: Adults

SERVICES PROVIDED:

1. General Description
   - assistance in finding and maintaining employment
   - career planning
2. Counseling
   - career/vocational
   - employment
   - financial
3. Testing/Assessment: vocational
4. Cost: none
5. Communication: rely mainly on reading and writing notes to communicate, member of staff has limited interpreting skills

ALBERTA CAREER DEVELOPMENT AND EMPLOYMENT
GRANDE PRAIRIE

ADDRESS: #1201, 10320 - 99 Street
Grande Prairie T8V 6J4

CONTACT PERSON: Emily Sylvester, Career Counselor

TELEPHONE:
a) Voice 538-5348 or 583-5218
b) TDD Provincial Government Operator or MRC

HOURS OF OPERATION: Mon - Fri 8:15am - 4:30pm

CLIENT GROUP: Adult

SERVICES PROVIDED:

1. General Description
   - career planning
   - assistance in obtaining and maintaining employment
2. Counseling
   - career/vocational
   - rehabilitative
3. Testing/Assessment — vocational
4. Cost — no charge
5. Communication — uses interpreter from outside agency

ALBERTA COLLEGE
HEARING IMPAIRED EDUCATION CENTRE
EDMONTON

ADDRESS:	10041 - 101 Street Edmonton, Alberta T5J 0S3
TELEPHONE:	a) Voice 428-1851 b) TDD same
CONTACT PERSON:	Debbie Larocque
HOURS OF OPERATION:	Mon - Thurs
CLIENT GROUP:	deaf or hard of hearing adults
SERVICES PROVIDED:	
1. General Description	educational upgrading to Grade 12
2. Counseling	- educational counseling, - referral for personal counseling
3. Testing/Assessment	educational
4. Cost	no cost
5. Communication	-signing by some instructors -interpreting in mainstream where desired -signing counselor

ALBERTA MENTAL HEALTH
COMMUNITY AND OCCUPATIONAL HEALTH
COCHRANE

ADDRESS:	Box 807 Cochrane T0L 0W0
TELEPHONE:	a) Voice 932-3455 b) TDD Provincial Government Operator or MRC
CONTACT PERSON:	Lance Taylor
HOURS OF OPERATION:	Mon - Fri 8:15 am - 4:30 pm
CLIENT GROUP:	All ages of persons suffering from moderate-severe mental health problems
SERVICES PROVIDED:	
1. General Description	- assessment, treatment & follow-up of those with mental problems - education and prevention - cooperation in discharge planning with hospitals
2. Counseling	- individual/personal - group therapy - family- - marriage - rehabilitative
3. Testing/Assessment	psychological
4. Cost	no charge
5. Communication	agency makes use of reading and writing, can access interpreter through outside agency if required

ALBERTA MENTAL HEALTH SERVICES
CAMROSE

ADDRESS:	4911 A - 47 Street Camrose T4V 1J9
TELEPHONE:	a) Voice 679-1241 b) TDD Alberta Government Operator or MRC
CONTACT PERSON:	Intake worker
HOURS OF OPERATION:	Mon - Fri 8:15 am - 12:00 noon 1:00 pm - 4:30 pm
CLIENT GROUP:	any person with moderate to severe mental illness or emotional problem

SERVICES PROVIDED:

1. General Description	- therapy and support - public education program
2. Counseling	individual and group therapy
3. Testing/Assessment	psychological
4. Cost	none
5. Communication	rely on reading and writing notes as the main form of communication

ALBERTA MENTAL HEALTH SERVICES
EDMONTON

ADDRESS: 5th Floor, 9942 - 108 Street
Edmonton T5K 2J5

TELEPHONE: a) Voice 427-4444
b) TDD Provincial Government Operator or MRC

CONTACT PERSON: Intake worker

HOURS OF OPERATION: Mon - Fri 8:15 am - 4:30 pm
Crisis: office hours only

CLIENT GROUP: All ages

SERVICES PROVIDED:

1. General Description
   - mental health assessment and treatment
   - geriatric psychiatry services

2. Counseling
   - individual/personal
   - rehabilitative

3. Testing/Assessment
   - psychological
   - psychiatric

4. Cost: none

5. Communication: agency makes use of outside agency to access interpreters

ALBERTA MENTAL HEALTH
INNISFAIL

ADDRESS:	4904 - 50 Street Innisfail TOM 1A0
TELEPHONE:	a) Voice 227-4601 b) TDD Provincial Government Operator or MRC
CONTACT PERSON:	Intake worker
HOURS OF OPERATION:	Mon - Fri 8:15 am - 4:30 pm
CLIENT GROUP:	All ages
SERVICES PROVIDED:	
1. General Description	therapy and support for those with moderate to severe mental illness and emotional problems
2. Counseling	- individual/personal - group therapy - family - marriage
3. Testing/Assessment	psychiatric
4. Cost	none
5. Communication	therapists rely on reading and writing as main form of communication

ALBERTA MENTAL HEALTH SERVICES
LLOYDMINSTER

ADDRESS:	4815 - 50th Street Lloydminster, Saskatchewan S9V 0M8
TELEPHONE:	a) Voice 825-2211 b) TDD Provincial Government Operator or MRC
CONTACT PERSON:	Intake worker
HOURS OF OPERATION:	Mon - Fri 9:00 am - 5:00 pm Crisis: during office hours
CLIENT GROUP:	All ages
SERVICES PROVIDED:	
1. General Description	mental health related support
2. Counseling	- individual/personal - family - marriage - rehabilitative - educational
3. Testing/Assessment	educational, vocational, psychological
4. Cost	none
5. Communication	rely mainly on reading and writing notes, use outside interpreters as needed

BETTER WAY
RED DEER

ADDRESS:	6002 - 54 Avenue Red Deer T4N 4M8
TELEPHONE:	a) Voice 343-3888 b) TDD MRC
CONTACT PERSON:	Dan Peters
HOURS OF OPERATION:	24 hours
CLIENT GROUP:	Adults
SERVICES PROVIDED:	
1. General Description	
2. Counseling	- individual/personal - family - marrriage - career/vocational - employment - financial
3. Testing/Assessment	
4. Cost	none
5. Communication	rely on reading and writing as main form of communication, one volunteer is skilled in use of sign language if interpreting needed or can contact outside interpreters

CALGARY SEXUAL ASSAULT CENTRE

ADDRESS: 1130 - 12 Street SW
Calgary T3C 1A?

TELEPHONE: a) Voice 244-1353
b) TDD MRC

CONTACT PERSON: Jeanette Yee

HOURS OF OPERATION: 24 hours

CLIENT GROUP: survivors of sexual assault

SERVICES PROVIDED:

1. General Description: short term crisis counseling
2. Counseling:
   - individual/personal
   - educational
3. Testing/Assessment: psychological
4. Cost: none
5. Communication: rely mainly on reading and writing notes but do make use of interpreters if needed

CANADA EMPLOYMENT CENTRE
EDMONTON

ADDRESS:

8103 - 127 Avenue
Edmonton T5C 1R9

TELEPHONE:

a) Voice 473-3800
b) TDD Federal Government Operator or MRC

CONTACT PERSON: Paul McBracken

HOURS OF OPERATION: Mon - Fri 8:30 am - 4:30 pm

CLIENT GROUP: Adults

SERVICES PROVIDED:

1. General Description
   - employment and vocational assistance
   - temporary income support
   - unemployment insurance benefits
   - job placement services
2. Counseling
   - individual/personal
   - career/vocational
   - employment
3. Testing/Assessment: vocational
4. Cost: none
5. Commumication: rely mainly on writing and reading notes, do make use of outside interpreters if needed

CANADA EMPLOYMENT CENTRE
HIGH PRAIRIE

ADDRESS: Box 360
High Prairie TOG 1E0

TELEPHONE: a) Voice 523-3331
b) TDD Federal Government Operator or MRC

CONTACT PERSON: Pat Watson

HOURS OF OPERATION: Mon - Fri 8:00 am - 12:00 noon
1:00 pm - 4:30 pm

CLIENT GROUP: Adults seeking employment

SERVICES PROVIDED:

1. General Description
   - employment assistance
   - labor exchange
   - sponsorship to training
   - national job bank
   - unemployment insurance
   - social insurance numbers
2. Counseling
   - individual/personal
   - career/vocational
   - employment
3. Testing/Assessment — vocational
4. Cost — none
5. Communication — make use of interpreters from outside agencies if required

CANADA EMPLOYMENT CENTRE
LETHBRIDGE

ADDRESS:	419 - 7 Street, South Bag 3017, Lethbridge T1J 4J9
TELEPHONE:	a) Voice 327-8535 b) TDD Federal Government Operator or MRC
CONTACT PERSON:	Flora Brophy
HOURS OF OPERATION:	Mon - Fri 8:00 am - 4:30 pm Crisis: Office hours only
CLIENT GROUP:	special needs adults, non-job ready clients
SERVICES PROVIDED:	
1. General Description - counseling and testing	- training (institutional and industrial),
2. Counseling	- career/vocational
3. Testing/Assessment	- educational - vocational
4. Cost	none
5. Communication	rely on reading and writing notes, and lipreading

CANADA EMPLOYMENT CENTRE
RED DEER

ADDRESS:
4708 Gaetz Avenue
P.O. Bag 5050
Red Deer T4N 1X0

TELEPHONE:
a) Voice 340-4214
b) TDD Federal Government Operator or MRC

CONTACT PERSON: Kevin Mooney

HOURS OF OPERATION: Mon - Fri 8:30 am - 4:30 pm

CLIENT GROUP: Job seekers, adults

SERVICES PROVIDED:

1. General Description
   - counseling
   - job search advice
   - training sponsorship
   - on-the-job subsidies for training
   - job information
2. Counseling
   - career/vocational
   - employment
3. Testing/Assessment
   - educational
   - vocational
   - psychological assessment referred to outside professionals
4. Cost
   none
5. Communication
   rely mainly on reading and writing notes but use interpreter if required

CREATIVE EMPLOYMENT SERVICES (CrES)
CALGARY

ADDRESS:	201, 1305 - 11 Avenue SW Calgary T3C 3P6
TELEPHONE:	a) Voice 229-3010 b) TDD 229-2925
CONTACT PERSON:	Jim Kimmel, Program Coordinator
HOURS OF OPERATION:	Mon - Fri 8:30 am - 12:00 noon 1:00 pm - 4:30 pm
CLIENT GROUP:	hearing impaired adults
SERVICES PROVIDED:	
1. General Description	- employment assessment - job readiness - job referral, placement, follow-up - volunteer program
2. Counseling	- individual/personal - employment
3. Testing/Assessment	employment
4. Cost	none
5. Communication	staff skilled in use of sign language

CROSS OF CHRIST LUTHERAN CHURCH OF THE DEAF
EDMONTON

ADDRESS: 11460-60 Avenue
Edmonton, Alberta
T6H 1J5

TELEPHONE: a) Voice 434-1671/435-7788
b) TDD same

CONTACT PERSON: Rev. R. A. Bauer/ Winston Youngs

HOURS OF OPERATION:

CLIENT GROUP:

SERVICES PROVIDED:

1. General Description
   - worship services
   - bible study
   - recreation
   - operates Pax Natura House
2. Counseling: personal
3. Testing/Assessment: none
4. Cost: none
5. Communication: deaf and hearing workers skilled in sign language

DISTINCTIVE EMPLOYMENT COUNSELING SERVICES OF ALBERTA (D.E.C.S.A.)
EDMONTON

ADDRESS:	Suite 204, 10010-107A Avenue Edmonton, Alberta T5H 4H8
TELEPHONE:	a) Voice 420-1745 b) TDD same
CONTACT PERSON:	Lynn Bresnahan, Deaf Unit Manager
HOURS OF OPERATION:	Mon-Fri 8:00 am - 4:00 pm
CLIENT GROUP:	hearing impaired adults
SERVICES PROVIDED:	
1. General Description	- job placement - employment readiness program (application forms, resumes) - counseling
2. Counseling	career
3. Testing/Assessment	none
4. Cost	none
5. Communication	staff skilled in sign language

DEAF AND HARD OF HEARING SERVICES
CALGARY

ADDRESS: 63 Cornell Road NW
Calgary T2A 2W4

TELEPHONE: a) Voice 282-1201
b) TDD 282-9494

CONTACT PERSON: Alice Hiscock

HOURS OF OPERATION: 8:30 am - 4:30 pm

CLIENT GROUP:
- deaf adults and pre-school children with parents
- hard of hearing adults and pre-school children with parents

SERVICES PROVIDED:

1. General Description	- interpreting - information sharing - counseling - life-skills information/assistance
2. Counseling	individual/personal, life-skills
3. Testing/Assessment	none
4. Cost	none
5. Communication	staff are skilled in use of sign language, willing to access outside interpreters

EDMONTON CAREER DEVELOPMENT CENTRE
DEPARTMENT OF CAREER DEVELOPMENT AND EMPLOYMENT
EDMONTON

ADDRESS:	3rd Floor, 10050 - 112 Street Edmonton T5K 2R4
TELEPHONE:	a) Voice 427-3722 b) TDD 422-4263
CONTACT PERSON:	Dana Roman
HOURS OF OPERATION:	Mon - Fri 8:15 am - 4:30 pm
CLIENT GROUP:	Adults
SERVICES PROVIDED:	
1. General Description	- counseling - group workshops - labor market information - educational programs - funding programs
2. Counseling	- career/vocational - employment - rehabilitative - educational - financial (for education)
3. Testing/Assessment	- vocational - educational - psychological and psychiatric referred to private sources
4. Cost	none
5. Communication:	staff skilled in the use of deaf sign language

EMPLOYMENT DEVELOPMENT SERVICES
EDMONTON

ADDRESS:	11722-95 Street Edmonton, Alberta T5G 1L9
TELEPHONE:	a) Voice 477-9211 b) TDD 477-9215
CONTACT PERSON:	Tanya Adler, Placement Officer
HOURS OF OPERATION:	Mon - Fri 8:30am-4:30pm
CLIENT GROUP:	hearing impaired and visually impaired
SERVICES PROVIDED:	
1. General Description	sixteen week work experience and training program
2. Counseling	employment
3. Testing/Assessment	aptitude and work skill potential
4. Cost	none
5. Communication	staff members skilled in signing

EMPLOYMENT AND IMMIGRATION CANADA,
ALBERTA/NORTHWEST TERRITORIES
EDMONTON

ADDRESS:	Adjustment Programs Alberta/Northwest Territories 5th Floor, 9925 - 109 Street Edmonton T5K 2J8
TELEPHONE:	a) Voice b) TDD
CONTACT PERSON:	J. Martin Connolly, Program Consultant - for individual offices, contact manager/officer in charge as per list
HOURS OF OPERATION:	
CLIENT GROUP:	Adults
SERVICES PROVIDED:	
1. General Description	
2. Counseling	- individual/personal - career/vocational - employment
3. Testing/Assessment	vocational
4. Cost	none
5. Communication	rely mainly on writing and reading notes, member of staff is skilled in use of sign language, interpreters are made use of when needed

EMPLOYMENT PLACEMENT AND SUPPORT SERVICES
RED DEER

ADDRESS: 4601 Gaetz Avenue
Red Deer

TELEPHONE: a) Voice 343-6249
b) TDD same

CONTACT PERSON: Myrna McLeod

HOURS OF OPERATION: Mon - Fri 8:00 am - 12:00 noon
1:00 pm - 4:30 pm

CLIENT GROUP: Adults with physical, physiological or mental problems

SERVICES PROVIDED:

1. General Description
   - employment preparation and placement
   - CIC centre
2. Counseling
   - individual/personal
   - career/vocational
   - employment
   - educational
3. Testing/Assessment: vocational
4. Cost: none
5. Communication: several staff are skilled at signing, also make use of interpreters in on-the-job situations during first week employment

GRANT MACEWAN COMMUNITY COLLEGE
EDMONTON

ADDRESS:	10045-156 Street Jasper Place Campus Edmonton, Alberta T5P 2P7
PHONE:	a) Voice 483-4490 b) TDD same
CONTACT PERSON:	Katherine Hildebrand, Special Counselor for the Handicapped
HOURS OF OPERATION:	school hours
CLIENT GROUP:	deaf students attending Grant Macewan
SERVICES PROVIDED:	
1. General Description	services for deaf students integrated into regular program, interpreting, tutoring, note-taking and counseling
2. Counseling	- academic - career - personal
3. Testing/Assessment	
4. Cost	none
5. Communication	interpreters on staff

FAIRVIEW COLLEGE
FAIRVIEW

ADDRESS:	Box 3000 Fairview T0H 1L0
TELEPHONE:	a) Voice 435-6655 b) TDD MRC
CONTACT PERSON:	Jane Garner
HOURS OF OPERATION:	Mon - Fri 8:15 am - 4:30 pm
CLIENT GROUP:	Any person attending college
SERVICES PROVIDED:	
1. General Description	- community college - educational assistance - financial aid - job placement assistance
2. Counseling	- individual/personal - career/vocational - employment - educational - financial (relating to funding for school)
3. Testing/Assessment	educational
4. Cost	none
5. Communication	rely on reading and writing notes, and lipreading

FAMILY AND COMMUNITY SUPPORT SERVICES
BARONS-EUREKA-WARNER

ADDRESS: (Main Office) Box 328
Coaldale TOK 0L0

TELEPHONE: a) Voice 327-6507 (Coaldale)
223-4403 (Taber)
642-3737 (Warner
752-3303 (Raymond)
b) TDD Provincial Government Operator or MRC

CONTACT PERSON: Brett W. Drewry

HOURS OF OPERATION: Mon - Fri 8:30 am - 4:00 pm
Crisis: 24 hours

CLIENT GROUP: Families

SERVICES PROVIDED:

1. General Description	- programming - counseling
2. Counseling	- individual/personal - family - marriage
3. Testing/Assessment	- educational - emotional
4. Cost	none
5. Communication	rely mainly on reading and writing notes, do not normally make use of interpreters

DR. OLIVA GIRONELLA
PSYCHOLOGIST
EDMONTON

ADDRESS:	607, 10240 - 124 Street Edmonton T5N 3W6
TELEPHONE:	a) Voice b) TDD MRC
CONTACT PERSON:	Appointment through receptionist
HOURS OF OPERATION:	Mon - Fri 9:00 am - 5:00 pm Crisis: during office hours
CLIENT GROUP:	Adults
SERVICES PROVIDED:	
1. General Description	- individual or family problems - testing
2. Counseling	- individual/personal - family - marriage
3. Testing/Assessment	- educational - psychological
4. Cost	hourly fee based on service provided
5. Communication	psychologist skilled in sign language

HORIZONS TRAINING CENTRE SOCIETY
WETASKIWIN

ADDRESS:	Box 7018 5431 - 36 Avenue Wetaskiwin T9A 2Y9
TELEPHONE:	a) Voice 352-6096 b) TDD MRC
CONTACT PERSON:	Garry Donald or Sherri Larson-Ashowrth
HOURS OF OPERATION:	Mon - Fri 8:00 am - 4:00 pm
CLIENT GROUP:	Handicapped adults
SERVICES PROVIDED:	
1. General Description	individual and group training
2. Counseling	- individual/personal - educational
3. Testing/Assessment	educational
4. Cost	none
5. Communication	picture cards and some deaf sign language, can access interpreter if needed

JEWISH FAMILY SERVICES
EDMONTON

ADDRESS:	606 McLeod Building 10136 - 100 Street Edmonton T5J 0P1
TELEPHONE:	a) Voice 424-6346 b) TDD MRC
CONTACT PERSON:	Lawrence Dubrofsky
HOURS OF OPERATION:	Mon -Fri 8:30am-4:30pm
CLIENT GROUP:	
SERVICES PROVIDED:	
1. General Description	- assisting with adjustment problems - outreach for elderly - employment guidance - parenting program
2. Counseling	- individual/personal - family - marriage - career/vocational - rehabilitative - educational - financial
3. Testing/Assessment	
4. Cost	sliding fee scale based on ability to pay
5. Communication	can access outside interpreter

McLAUGHLIN PSYCHOLOGICAL SERVICES
FOR THE HEARING IMPAIRED
EDMONTON

ADDRESS:	12133 - 25 Avenue Edmonton T6J 4S7
TELEPHONE:	a) Voice/TDD 434-1481 (Office) 436-4714 (Home)
CONTACT PERSON:	Joseph McLaughlin, M.A. Certified Psychologist
HOURS OF OPERATION:	Evenings Crisis: 24 hours
CLIENT GROUP:	Hearing impared persons and families
SERVICES PROVIDED:	
1. General Description	- psychotherapy - counseling - psychological consultation - career testing - workshops in deafness and mental health
2. Counseling	- individual/personal - group therapy - family - marriage - career/vocational - educational
3. Testing/Assessment	- educational - vocational - psychological
4. Cost	based on income of client, consultation fees, workshop fees, counseling covered by Alberta Blue Cross
5. Communication	deaf psychologist

* Presently not free to perform services

NATIVE COUNSELING SERVICES OF ALBERTA
EDMONTON

ADDRESS:	#800, 10010 - 106 Street Edmonton T5J 3L8
TELEPHONE:	a) Voice 423-2141 b) TDD MRC
CONTACT PERSON:	Leona Flanagan Native Family Support Services
HOURS OF OPERATION:	Mon -Fri 8:30am-4:30pm
CLIENT GROUP:	Adults and families of native heritage
SERVICES PROVIDED:	
1. General Description	- legal information - counseling - native culture workshops
2. Counseling	- individual/personal - family - marriage - financial - legal
3. Testing/Assessment	none
4. Cost	none
5. Communication	written notes unless person brings an interpreter

NORTHERN ALBERTA INSTITUTE OF TECHNOLOGY (NAIT)
EDMONTON

ADDRESS:	11762 - 106 Street Edmonton T5G 2R1
TELEPHONE:	a) Voice 471-7551 b) TDD 474-5883
CONTACT PERSON:	Dr. Shirley Kabachia Coordinator, Services to Disabled Students
HOURS OF OPERATION:	Mon - Fri 8:15 am - 4:30 pm
CLIENT GROUP:	Any student or prospective student
SERVICES PROVIDED:	
1. General Description	- technical trades and apprenticeship - services for deaf students include interpreting, tutoring, volunteer note-taking
2. Counseling	- individual/personal - career/vocational - employment - educational - financial - psychological
3. Testing/Assessment	- educational - vocational - psychological
4. Cost	none
5. Communication	skilled interpreters are on staff

ONE HUNDRED AND TEN VOCATIONAL TRAINING CENTRE
VEGREVILLE

ADDRESS:	Box 1327 Vegreville T0B 4L0
TELEPHONE:	a) Voice 632-4244 b) TDD yes??
CONTACT PERSON:	Marg Imesch
HOURS OF OPERATION:	Mon - Fri 8:00 am - 4:30 pm
CLIENT GROUP:	Ages 18 - 55, 30 spaces
SERVICES PROVIDED:	
1. General Description	- vocational training for mentally and physically handicapped adults
2. Counseling	- individual/personal - career/vocational - employment - educational
3. Testing/Assessment	vocational
4. Cost	none
5. Communication	staff are skilled in use of sign language

PASTORAL INSTITUTE OF EDMONTON

ADDRESS:	11112 - 109 Avenue Edmonton T5H 1E1
TELEPHONE:	a) Voice 426-1861 b) TDD MRC
CONTACT PERSON:	Intake worker
HOURS OF OPERATION:	Mon - Fri 9:00 am - 5:00 pm evenings and weekends possible
CLIENT GROUP:	Any person seeking individual or family counseling
SERVICES PROVIDED:	
1. General Description	- counseling - family and life education (family planning)
2. Counseling	- individual/personal - family - marriage
3. Testing/Assessment	psychological
4. Cost	based on income and number of people supported
5. Communication	rely on reading and writing as mainly but staff are skilled in sign language, will to access outside interpreter if needed

PAX NATURA SOCIETY FOR REHABILITATION OF THE DEAF
EDMONTON

ADDRESS: 11460 - 60 Avenue
Edmonton T6H 1J5

TELEPHONE: a) Voice 434-1671
b) TDD 435-7788

CONTACT PERSON: Rev. R.A. Bauer, Executive Director

HOURS OF OPERATION: Mon - Fri 9:00 am - 12:00 noon

CLIENT GROUP: Deaf persons and their families

SERVICES PROVIDED:

1. General Description	- rehabilitation and counseling - ranch in Clyde, Alberta provides family life education and recreation
2. Counseling	- individual/personal - rehabilitation - family - marriage
3. Testing/Assessment	none
4. Cost	depends on application
5. Communication	staff skilled in sign language

REDI ENTERPRISES
MEDICINE HAT

ADDRESS:	860 Allowance Avenue, S.E. Medicine Hat T1A 5K1
TELEPHONE:	a) Voice 516-5742 b) TDD MRC
CONTACT PERSON:	Gordon Drybrough, Executive Director
HOURS OF OPERATION:	Mon - Fri 8:30 am - 4:30 pm
CLIENT GROUP:	Ages 18 - 64, wide range of mental/physical disabilities

SERVICES PROVIDED:

1. General Description	- vocational training - employment preparation - job placement and follow-up - training in social - personal - academic and home-living skills
2. Counseling	rehabilitative
3. Testing/Assessment	vocational, psychological, educational (through Medicine Hat College)
4. Cost	none
5. Communication	members of staff skilled in sign language

SEXUAL ASSAULT CENTRE OF EDMONTON

ADDRESS:	#204, 10179 - 105 Street Edmonton T5J 1E2
TELEPHONE:	a) Voice 423-4102 (24 hours) b) TDD 420-1482 (office hours only)
CONTACT PERSON:	Jane Karstaedt
HOURS OF OPERATION:	Mon - Fri 9:00 am - 5:00 pm 24 hour crisis line on voice Deaf must use Message Relay Centre after office hours
CLIENT GROUP:	All ages, both sexes
SERVICES PROVIDED:	
1. General Description	- crisis intervention - counseling - group therapy - public education
2. Counseling	- individual/personal - group therapy (in area of sexual abuse)
3. Testing/Assessment	none
4. Cost	none
5. Communication	use outside interpreters

ST. MARK'S CATHOLIC DEAF COMMUNITY
EDMONTON

ADDRESS:	St. James Church 8350-77 Avenue Edmonton, Alberta T6C 0L4
TELEPHONE:	a) Voice 434-0520 b) TDD same
CONTACT PERSON:	Janet Betts, Pastoral Worker
HOURS OF OPERATION:	
CLIENT GROUP:	all
SERVICES PROVIDED:	
1. General Description	- mass - bible study - religious educational program - counseling
2. Counseling	pastoral
3. Testing/Assessment	none
4. Cost	none
5. Communication	signing workers

UNIVERSITY OF ALBERTA
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
HEARING IMPAIRED PROGRAM

ADDRESS:	6-102 Education North University of Alberta Edmonton, Alberta T6G 2G5
TELEPHONE:	a) Voice 492-5245/492-5213 b) TDD 492-5213
CONTACT PERSON:	Dr. Ceinwen Cumming/Fern Snart (until Dec. 1989) Dr. Michael Rodda (after Jan. 1990)
HOURS OF OPERATION:	weekdays, by appointment only
CLIENT GROUP:	hearing impaired adolescents and adults, parents of deaf children
SERVICES PROVIDED:	
1. General Description	- speech and language assessment - remedial tutoring - court referrals - training program for teachers of the hearing impaired - psychological assessment
2. Counseling	- educational - personal
3. Testing/Assessment	- psychological - speech and language
4. Cost	
5. Communication	interpreters available on-site

UNIVERSITY OF ALBERTA
DISABLED STUDENT SERVICES

ADDRESS:	Room 300, Athabasca Hall University of Alberta Edmonton, Alberta T6G 2E8
TELEPHONE:	a) Voice 492-3381 b) TDD same
CONTACT PERSON:	Marion Nicely-Vosahlo, Director
HOURS OF OPERATION:	
CLIENT GROUP:	
SERVICES PROVIDED:	
1. General Description	- assistance with admission - orientation - registration and timetabling - coordinates oral and sign language interpreting, tutorial and note-taking services - administers non-credit sign language courses (Information Handbook for Disabled Students)
2. Counseling	- academic - personal - financial
3. Testing/Assessment	
4. Cost	none
5. Communication	administrative educational interpreter on staff

SUBJECT LISTING

CAREER/VOCATIONAL/EMPLOYMENT AGENCIES

Alberta Career Centre, Edmonton
Alberta Career Centre, Lethbridge
Alberta Career Centre, Medicine Hat
Alberta Career Centre, Red Deer
Alberta Career Development and Employment, Bonnyville
Alberta Career Development and Employment, Hinton
Alberta Career Development and Employment, Grande Prairie
Canada Employment Centre, Edmonton
Canada Employment Centre, High Prairie
Canada Employment Centre, Lethbridge
Canada Employment Centre, Red Deer
Creative Employment Services (CrES), Calgary
Distinctive Employment Counseling Services of Alberta, D.E.C.S.A.
Edmonton Career Centre, Depart. of Career Development and Employment
Employment Development Services, Edmonton
Employment and Immigration Canada, Alberta/NWT, Edmonton
Employment Placement and Support Services, Red Deer
McLaughlin Psychological Services for the Hearing Impaired, Edmonton

COMMUNITY SUPPORT AGENCIES

AADAC, Renfrew Recovery Centre, Calgary
AADAC, Calgary
Cross of Christ Lutheran Church of the Deaf, Edmonton
Deaf and Hard of Hearing Services, Calgary
Family and Community Support Services, Barons-Eureks-Warner
Jewish Family Services, Edmonton
Native Counselling Services of Alberta, Edmonton
Pastoral Institute of Edmonton
Pax Natura Society For Rehabilitation of the Deaf, Edmonton
Sexual Assault Centre of Edmonton
St. Mark's Catholic Deaf Community, Edmonton

POSTSECONDARY EDUCATIONAL/TRAINING AGENCIES

Alberta College, Edmonton
Better Way, Red Deer
Grant MacEwan Community College, Edmonton
Fairview College, Fairview
Horizons Training Centre Society, Wetaskiwin
McLaughlin Psychological Services for the Hearing Impaired, Edmonton
Northern Alberta Insitute of Technology, Edmonton
One Hundred and Ten Vocational Training Centre, Vegreville
REDI ENterprises, Medicine Hat
University of Alberta, Department of Educational Psychology, Edmonton

University of Alberta, Disabled Student Services, Edmonton

MENTAL HEALTH AGENCIES

Alberta Mental Health Services, Cochrane
Alberta Mental Health Services, Camrose
Alberta Mental Health Services, Edmonton
Alberta Mental Health Services, Innisfail
Alberta Mental Health Services, Lloydminster
McLaughlin Psychological Services for the Hearing Impaired, Edmonton
University of Alberta, Department of Educational Psychology, Edmonton